Address

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EPIDEMIOLOGICAL SOCIETY.

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(*Concluded from page 573.*)

THE other remaining diseases which may be in part or altogether prevented are the so-called *Zymotic*. The majority of these are contagious, and all have a specific cause.

Our knowledge has advanced so far as to enable us to say that, for the spread of contagious diseases *generally*, four things are essential:—

1st. The contagious or zymotic substance; be this germ or seed, animalcule or vegetable, or a merely chemical compound.

2nd. A condition of atmosphere or of surroundings permitting the life or stability of the chemical constitution of the contagious or zymotic substance.

3rd. A vehicle for the conveyance of the contagious or zymotic principle to the individual, or rather to the part of the individual from which it can enter his system.

4th. An individual to receive the contagious or zymotic substance whose body is in such a condition that in it the contagious substance—germ, seed, animalcule, or mere chemical compound—can multiply itself.

Our knowledge enables us to state, moreover, that any one of these conditions may be so modified by art as to favour or stay the spread of contagion.

As special diseases, the zymotic or contagious substance of which is certainly always about us, spread at times easily, rapidly, and to a vast number—i. e., become epidemic,—and then, having reached a certain degree of prevalence, shrink to their former dimensions, one must admit either that changing conditions of atmosphere or of surroundings give increased activity to the contagious or zymotic substance, or that usually they destroy or weaken the contagious matter and now fail to destroy its life or stability of constitution; or that external conditions preceding or present have so modified the system of individuals as to render them more susceptible to the action of some one special zymotic substance.

With reference to the spread of zymotic diseases.

1. While we know nothing of the nature of the contagious or zymotic substance of any one of them, we do know that it is present in a special state of activity in different excreta in different diseases: thus, in the gastro-intestinal secretions in typhoid fever, cholera, and cattle plague; in the skin and throat secretions in scarlet fever; in the throat secretion in diphtheria; in the pustular matter secreted by the skin in small-pox; in the discharge from wounds in pyæmia.

2. We know that special conditions of their surroundings have a great effect in favouring the spread of certain zymotic diseases. Thus a temperature of 32° destroys the poison of yellow fever; free dilution with fresh air renders the contagious matter of typhus innocuous.

3. Vehicle. It is now placed beyond question by the labours of Dr. Snow, confirmed as they have been by experience, that water is one of the great agents in diffusing cholera; and, if possible, it has been more unequivocally proved that typhoid fever is carried from individual to individual in the same way. Pyæmia, ichoræmia, and septicæmia spread in wards by the morbid secretions of one patient being applied directly to some raw surface on another. The cattle plague contagious matter, being especially contained in the intestinal excreta, was conveyed by any substance to which that could adhere.

4. Individuals. Whatever lowers the tone of the nervous system renders men peculiarly susceptible to the action of the contagious substance of typhus—e. g., famine, anxiety, fear. Persons suffering from scarlet fever and from Bright's disease are in a state favourable to the occurrence of pyæmia; those who have recently lived in a cold climate suffer more certainly than do those coming from hot climates when exposed to the zymotic principle of yellow fever. Dr. Beale states that he has recently observed in fatal cases of cholera certain changes of structure in the intestine which must have occurred before the attack itself.

As to the possibility, degree, and modes of prevention of the zymotic diseases.

The zymotic element of some diseases that from time to time burst out with violence—i. e., become epidemic—is always present. The epidemic could not occur unless the zymotic element were there. So that one great measure of prevention is the destruction of the zymotic element as fast as created by chemical agents. The general and perfect use of disinfectants can only be secured by the diffusion of knowledge—especially in regard of the excreta in which the zymotic element is most concentrated,—and by the intervention of the law. Law has attempted to secure their use in some cases by a clause in the Sanitary Act of 1866. But their best action can only be secured by the diffusion of practical knowledge. Air and water are two most easily applicable and powerful destroyers of the commonest zymotic substances. Society and law can secure a supply of these for every house.

In regard of the zymotic elements of diseases not always amongst us. By strict quarantine laws these may be excluded. The great preventive scheme of the Conference on Cholera that met at Constantinople was strict quarantine, especially between India and Europe—a most vexatious, most costly, and most impracticable scheme. At a far less cost the hygienic condition of Great Britain might be so much improved as to prevent the spread of cholera, even were its zymotic element constantly among us. And then the improvement in our hygienic condition to such a degree would not only prevent the spread of cholera, but diminish the mortality from almost every other preventable disease. Strict quarantine should, it seems to me, be enforced, in the present state of the world, only in regard of those diseases of which improved hygienic conditions cannot prevent the spread. The cattle plague seems to be such a disease.

As to the surroundings, it has been clearly shown that many conditions unequivocally removable favour the spread of contagious diseases. Society has its part to perform in providing proper dwellings for the poor—i. e., dwellings proper in regard of air, light, drainage, and water-supply. Law can do much to improve surroundings by enforcing general drainage and constant and sufficient supply of pure water. Great influence can be exerted in checking the spread of the zymotic diseases by subjecting to strict supervision the special vehicles by which each is known to be conveyed from individual to individual. It is beyond dispute that water has been in many cases the great agent in the rapid propagation of cholera and typhoid fever over a district. It becomes more probable with every searching investigation into local outbreaks of cholera and of typhoid fever that these outbreaks, so terribly destructive to life, are the result of the admixture of the zymotic element of the one or the other with the drinking-water, or of collections of fetid gas, or of such close packing of the inmates of the house, and such close relations of the inhabitants to each other, that the excreta of the first person affected is taken into the stomach of others.

The application by law of a Sanitary Act capable of being worked from a central authority by the means of inspectors, is, it seems to me, the great remedy. Inspectors must precede, and not follow, the outbreak. Dr. Seaton's late investigations into the outbreak of typhoid fever at Tottenham show the importance of such a course. The inspectors, and not the inhabitants, should set the law in motion. As the Act is now practically worked, death may sweep away half a town or village before the Sanitary Act is put into force. As every case of a zymotic disease is a centre from which fresh cases may spring, the country at large is interested in the sanitary state of every town, every village, every house. The health condition of the town therefore should be regulated, not by the will of the inhabitants, but by the will of the whole community—i. e., by some central authority.

The great objects, then, in the prevention of the present mortality from zymotic diseases are—

To exclude or destroy the zymotic element.

To improve the surroundings, so that the conditions may be less favourable for its development, and that fewer individuals who suffer may die.

To watch carefully the vehicles by which experience has shown the zymotic element may be conveyed to others.

To render individuals less susceptible to the influence of the zymotic element.

These objects could be attained in a great measure, and so the mortality from zymotic diseases be very greatly diminished,—

By the spread of practical sanitary knowledge.

By society providing proper residences for the poor.

By law really and at once enforcing proper drainage and water-supply and preventing overcrowding.

Numerous points in relation to the zymotic diseases have to be cleared up before we can reach that position in regard of their prevention which we may hope one day to attain.

It is only by slow degrees that the profession has succeeded in separating some of those diseases from each other—small-pox and measles, measles and scarlet fever, rubeola notha and rubeola; and now, for the prevention of the zymotic diseases, one of the most important problems in practical medicine has to be solved—namely, the identity or non-identity of several of these specific diseases with others which resemble them in some of their most prominent symptoms.

Cholera is contagious; on this point there is no longer question. But what is the specific-cause relation between cholera and choleraic diarrhœa, and between severe summer diarrhœa and choleraic diarrhœa? Is cholera, in the form of choleraic diarrhœa, always amongst us? Again, what is the specific-cause relation between angina and diphtheria—between catarrh and influenza—between dysentery and typhus? We know that the zymotic element which produces contagious pyæmia may be generated in the frame of man *de novo*. A most important problem to be solved is that of the spontaneous origin of other zymotic diseases. The researches on the cattle plague have demonstrated how small a quantity of the zymotic element adhering to fomites may produce that disease in previously healthy animals. Again, the Cholera Conference considers it proved that the evacuations of cases of cholera so mild as to merit the name of choleraic diarrhœa only can communicate cholera; as modified small-pox may be the most virulent form of that disease.

Other points that require establishing are—

To what extent the conditions preceding an epidemic influence the occurrence of that epidemic.

The different effect of different quantities of the same zymotic element.

The differences in the degree of contagiousness of contagious diseases at different stages of those diseases.

The period of incubation of each, and the circumstances which shorten or lengthen that period.

The duration of the stage of invasion.

To collect evidence on these points and others of similar kind would be well worthy the labour of this Society.

The value placed by a community on individual life is one of the great tests of the state of its civilization. It speaks but little for our advance in civilization that the death-rate in England, due as it is in so great a degree to preventable causes, should still be what it was twenty years since—that the death-rate of the ten years '41–'50, and the death-rate of the ten years '51–'60, should be nearly the same. It speaks but little for our advance in civilization that the State at once spent an enormous sum and made most excellent laws when oxen suffered, but spends with a niggard hand and frames the most inefficient laws when the lives of men are at stake. What will the Cattle-plague Commission &c. have cost? What has been spent in the investigation and prevention of cholera?

Allowing for deaths due to degenerations, to unavoidably deficient and impure food, to unavoidable want of clothing, to unavoidably impure air and defective exercise, to individuals' own vice, prejudice, and greed, to zymotic causes which no forethought or care could avert, there still remains an enormous preventable mortality due to ignorance of the simplest laws of health, of the necessities of the body in regard of air, light, exercise, and food—to the neglect of their duties by the wealthy, who know and obey those laws, but fail to give the poor the means of obeying them (short-sighted that they are: the zymotic disease that carries off the rich man has commonly first flourished and gained strength among the poor)—to the inertia of the Legislature, its unwillingness to interfere with individual action, its fear of touching vested interests, its dread of offending religious prejudices, though they be the offspring of ignorance. If of money matters the following could be said, how much more true is it of sanitary. How strictly it applies to all the Sanitary Acts yet passed.

"English legislation abounds in abortive expedients. It shrinks from difficulties. There is very commonly an admitted evil, and very obviously only one real remedy. But very often that real remedy is painful, and if public attention is but half roused to the subject, we are apt to put up with some half-measure, which gives little or no trouble, which looks as if it might mend matters a little, and which has no disadvantage save that it is not a searching cure of the evil to be remedied, and that in a little while it will be forgotten on account of the slightness of its effect, while the malady itself will rage as much as ever."

Our duties are clear in this matter, both as individuals and as a Society—namely, to carry out in regard of other diseases what we have to some extent aided in effecting with reference to small-pox: to collect evidence, to disseminate knowledge, to spur on those in power to frame laws adequate for the occasion; to note every local outbreak of epidemic disease, and, either as individual members of the Society or by committees, to investigate or to stimulate others to investigate the causes of such outbreaks, and then to spread the knowledge thus gained.

ON CHOLERAIZATION.

BY W. LAUDER LINDSAY, M.D., F.R.S. EDIN.

By choleraization I mean the artificial or experimental communication of cholera from man to the lower animals. I am most reluctant unnecessarily to introduce into medical science a new term, and one moreover so ungainly; but its convenience is undoubted, and there is a precedent in the analogous words "syphilization" and "vaccination."

I have long held and frequently published the opinion that *comparative pathology*, and especially the *experimental* department thereof—that is, the study of diseased conditions artificially produced by man in the lower animals,—is now by far the most promising department of medical science, offering a field at once novel, varied, and extensive. When, twelve years ago, I promulgated this opinion, and gave such instances or illustrations as artificially induced cholera, my ideas were scouted by the heads even of the medical profession in this country as utopian and absurd. But time, the inevitable progress of medical science, and the connexion (which has been gradually becoming closer and closer) between the veterinary and medical sciences, have been slowly but surely working a gratifying and wholesome revolution in public opinion—a revolution consummated by the outburst of the cattle plague last year. The general attention directed to the latter epizootic by the medical profession—the special investigations of chemists, histologists, and pathologists—and, above all, the reports of the scientific experts engaged by the Royal and local commissions (partly, at least, the result of a distrust by the people of the veterinary profession)—have, on the largest scale, and in the most public way, shown the importance of the experimental study of diseases of the lower animals, as bearing most intimately on our knowledge of the nature, and on our treatment, of those of man.* It seems to me, therefore, that the medical profession is now for the first time—in this country at least—in a favourable position for entering with success on research in such departments of experimental comparative pathology as the circumstances or exigencies of the time may admit or require.

For the present, cholera is epidemic amongst us, and an opportunity is thus now being afforded which, if duly cultivated, may enable us to advance, in a way and to a degree which no other line of research can, our knowledge of the nature of that inscrutable disease. It appears to me that if we have it in our power at will to communicate cholera from the human subject to the lower animals—and perhaps in the latter to produce it *de novo*,—a new basis will be afforded for a series of experimental investigations regarding the causation, phenomena, and treatment of the disease altogether of a more precise kind than has been hitherto attainable. Having produced the disease in animals, we shall have it in our power to study

* Prof. Huxley writes: "The most certain propositions entertained by the human physiologist—those upon which the scientific practice of the healing art depends—are largely or wholly based on the results of *experiments on animals*. The poison which hurts *them* does not leave us unscathed; and we share with them two of the most terrible diseases with which mortals are afflicted—glanders and hydrophobia." ("On the Zoological relations of Man with the Lower Animals." Nat. Hist. Review, vol. i., new series, Jan. 1861, p. 69.)

cholera phenomena *experimentally* in the *living* body in a way and to an extent that are obviously inadmissible in man. This being the case, it is evidently of extreme importance to prove or not that we *can at will artificially propagate or produce cholera*.

There have not been wanting experiments, especially on the continent, conducted with a view to the settlement of this important point; but I am not aware of any (including my own experiments in Edinburgh in 1853) which I regard as *conclusive* or *exhaustive*. All that experiment up to this time proves is, I think, the probability of positive and reliable results accruing from properly conducted researches, in which rigid care will be taken to exclude the sources of fallacy or failure of prior investigations.

Eminent pathologists in this country, on the continent, and in America have done me the honour of regarding my experiments of 1853 as conclusive and exhaustive in reference to the question of the communication of cholera from man to the lower animals. But the experiments in question were merely preliminary, and as such were necessarily and confessedly fragmentary and incomplete. They were instituted roughly, in order to pave the way for more systematic and extensive experimentation. Their only aim was to satisfy myself whether or from what direction results of a useful kind were likely to be obtained. They were conducted under conditions and in circumstances most unfavourable to their success. The results, however, were so far positive and satisfactory to myself as to lead me to contemplate a much more complete series of experiments under more favourable conditions. But this series I have hitherto had no opportunity of carrying out, nor is such an opportunity now likely to occur to me. Even my preliminary experiments were not developed to the extent I had proposed; for they were prematurely put a stop to by the force of public and professional opinion interfering—and it must perhaps be added, properly interfering—with the *propagation* of cholera in or near an establishment devoted specially to its extinction; by the temporary cessation of the epidemic, and by my removal from Edinburgh. Assured, however, that similar investigations more systematically conducted will lead to still more positive and important results; satisfied that such inquiries cannot fail to yield fruits of at least as great value in cholera as in cattle plague, and unable myself from lack of opportunity to undertake such researches, I am still most desirous that those who have the necessary opportunities (e. g., the resident medical officers of the numerous cholera hospitals throughout the country) should repeat and extend my experiments, confirm or correct, or add to my results, and so accumulate a mass of irrefragable evidence as to our power to communicate cholera to, or produce it *de novo* in, animals.

It is but fair, in making such a statement, however, that I should point out the dangers and responsibilities connected with the conducting of such investigations. I have myself no doubt that such experiments may become the foci of diffusion and extension of the disease, in so far as there is an accumulation and concentration of the poison [as this is supposed to be contained—e. g., in fomites and evacuations]; whereas it is a fundamental hygienic rule, in the treatment of cholera, that all such fomites and discharges should be immediately destroyed by burning or by chemical reagents, by which means it is understood the poison is dissipated, neutralised, or destroyed. Nor do I doubt the infectiousness or contagiousness of cholera; a belief that would lead me to recommend so far as concerns the prevention or extinction of the disease or its treatment in the affected human subject, all means for the destruction or circumscription of the foci of disease—of the affected centres,—whether these be human bodies, living or dead, or fomites and evacuations. So far as regards my own personal safety, I would, nevertheless, not hesitate to run all risks in order to engage in experiments promising results so certain to be beneficial to mankind; but I am not prepared to assume the responsibility of unduly urging others to encounter difficulties and dangers of so serious a character, and *inter alia* to run the gauntlet of the prejudices of public opinion. To say the least, experiments conducted in connexion with cholera hospitals are certain to evoke much fair and permissible opposition, as well as much ignorant prejudice and misconception. Each investigator must therefore satisfy himself as to the personal responsibility and risk he incurs, and he must stand prepared for all the consequences, to himself or society, of his venture.

With this preamble and with these provisos, I venture to offer a few suggestions, arising from my own preliminary attempts in 1853, regarding the most promising modes and directions of investigation, in reference especially to the fallacies or failures of all experiment up to the present day.

1. The experimentalist must approach his subject free from bias, speculation, or theory of any kind. He must deal rigidly with facts or phenomena, abjuring their possible bearings on current or previous generalisations, which are for the most part premature. He must bring to bear on his researches all the resources of experimental physiology and pathology, chemistry and histology; and he must sedulously eliminate all possible sources of error, ambiguity, or fallacy.

2. Experiments should be simultaneously conducted, *quoad* the locality for convenience of operation, in connexion with cholera and veterinary hospitals. But there is a risk of communication from animal to animal, or from animals to man—the affection of the healthy by the artificially diseased, that must be borne in mind. In regard to artificial cholera such intercommunication has yet to be fully proved, but it has been abundantly proved in veterinary practice as regards other diseases.

3. Animals best suited for experiment. The animals which have been shown to be subject to cholera or choleroid epizootics in various parts of the world will naturally assist us in determining this point. In Europe, the *domestic* animals were those chiefly affected, including the horse, cattle, pigs, dogs, cats, and poultry. In foreign and warmer countries, the following *wild* animals have also been observed to be affected:—Monkeys, racoons, camels, and zebras.* The more nearly an animal resembles man in its structure and habits, the more likely is it to be suitable for such experiments. The animals I operated on were the dog and cat, both because they were most easily obtainable, and because in many respects they closely resemble man in structure and habits†—in their natural predisposition, therefore, for affections of such a character as cholera. In subsequent experiments, however, I would have operated on all accessible animals of suitable size, including such as the horse, ass, ox, sheep, goat, pig, rabbit, rat, and domestic fowls of all kinds.

4. Due allowance must be made for the peculiarities and differences of animal structure and habits, as well as for their idiosyncrasies as regards resistance to the action of known poisons,‡ in judging of results which are expected to be parallel to the phenomena of cholera in man.§

5. The conditions under which cholera attacks man must be imitated in animals. In general the human victims of cholera are enfeebled or cachectic, with constitutions vitiated by imperfect or improper nutriment, and by the neglect of all sanitary laws in their habitations and habits. To place them in a similar condition of predisposition, animals must be rigorously subjected to parallel influences of starvation, filth, overcrowding, damp, and vitiated air. The animals I operated on were street dogs, lean and in poor condition—in a state, therefore, favourable for such experiments. No doubt, just as in men, predisposed animals will occasionally defy infection, while the healthy will succumb. This is an exceptional state of matters, which, however, must be kept in view in drawing comparisons.

6. What is the medium containing the poison when cholera is communicated from man to animals? In what excretions or

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* The late Prof. Dick, of Edinburgh, described a choleraic disease in the East Lothian foxhounds, which was at first attributed to mineral poisoning; but this supposition was refuted by the analysis of Dr. Murray Thomson. The whole pack was seized not long after a second feeding—at the beginning of the hunting season—after a fatiguing day's work, to which they were not yet seasoned or accustomed. The more remote or predisposing causes he considered to be: the autumnal season, and the close sultry day—circumstances favourable to the occurrence of disease of the choleraic type; impaired digestive vigour of the stomach, whereon ordinary food acted, under unusual conditions, as a morbid irritant.—*Edinburgh Evening Courant*, Dec. 20th, 1862.

In the Retiro of Madrid recently died with symptoms of cholera (according to the opinion of the veterinary surgeons of the establishment) a tiger, panther, and an eagle."—*Galignani's Messenger*, Oct. 1865.

In 1842, pigs were affected with a disease called cholera in Ireland.—Dr. Radcliffe in *The Times*, April 7th, 1857.

† Claude Bernard—one of the most eminent living experimental pathologists and physiologists—recommends for the same reasons the domestic animals; and himself almost exclusively used the dog, cat, rabbit, guinea-pig, horse, ass, and frog.—Lectures on Experimental Pathology, *Medical Times*, Jan. 28th, 1860, p. 84, and Jan. 14th, 1860.

‡ On the Non-susceptibility of the Lower Animals to the Influence of certain Poisons.—*Association Medical Journal*, June 9th, 1854.

On the Toot Plant and Poison of New Zealand.—*British and Foreign Medico-Chirurgical Review*, July, 1855.

§ On this subject Claude Bernard remarks:—"It has been advanced that the difference of organisation would never permit of conclusions derived from experiments used on the lower animals being applied to man. If such were the case, experimental physiology would no longer have any right to exist. Fortunately, the diversity of structure and organisation is far from exercising an influence on the essence of the great motor powers of life."—Lectures on Experimental Pathology and Operative Physiology, *Medical Times*, Jan. 14th, 1860, p. 29.

secretions is it contained: whether those of the lungs, skin, stomach, bowels, or kidney? In which is it most abundant and most active? And in which others is it certainly *not* contained?

The majority of continental experiments appear to show that the intestinal evacuations are the seat or source of the poison, while the blood is not. In this country authors almost invariably adopt the evacuation *theory*, for it is not yet, I think, conclusively *proved*. In all experiments up to the present day there have been fallacies connected with the mode of conducting the investigation, which render it impossible for us to eliminate a single irrefragable fact, save the general one that cholera has been produced in animals by one or more of the excretions of the human subject. Which one, or which two or three excretions, remain to be fully determined. In my own experiments it was the *fomites* which *appeared* to be the *immediate* cause or source of the disease in the dog and cat. But the same animals had been previously subjected to the influence of the evacuations from the stomach and intestines, the blood, and the urine of human cholera patients. The only apparent result of this influence was diarrhœa, which I regarded at the time as non-specific, but which, with modern views, may be considered as pre-choleraic. In no case did it progress into cholera, but I held then, and still hold, that at least this diarrhœa constituted a powerful predisposing cause of cholera. My immediate object here, however, is to show that in so far as other sources of disease were not rigidly excluded, it can only as yet be considered a fair inference from the whole facts of the case, that the fomites were the only, or prime choleraizing agents—an inference that may be fairly disputed on valid grounds.

7. In what stage of the disease in man is the communicable poison in his secretions or excretions in largest amount and in most active quality?

8. In what condition of freshness or decomposition, concentration or dilution, solidity or fluidity, or otherwise, of the excretions in man is the communicable poison most dangerous?

9. Is the medium of conveyance of the poison, or is the poison itself, solid or gaseous, fixed or volatile? Is it impalpable—inappreciable to optical examination? Is it purely chemical, and of the nature of a gas; or is it of the nature of molecular matter—organic or inorganic—in a state of extreme division? Is it, or is it allied to, the "germinal matter" of Beale, and appreciable to high microscopic powers? Is what appears to be the poisonous essence simply a medium for the conveyance of an inscrutable entity still destined to elude all our powers of examination or analysis?

10. What is the period of incubation in different individuals, species, or genera?

11. On what surfaces of the body of animals does the poison primarily and secondarily take effect? Is it exclusively the pulmonary or intestinal mucous membrane, or skin—all, or which? In certain series of experiments (fomites) the result would appear to have been produced by the action of a volatile poison on the pulmonary surface—the poison seems to have been *inspired;* while in certain others (evacuations) a solid or fluid poison apparently acted directly on the intestinal tract—the poison was *swallowed*. The inference is, in the first case, that the poison is gaseous; in the second, that it is solid or fluid. But even in the first case, supposing it proved that fomites do communicate the disease, the poison or its medium may consist of minute microscopic molecules sufficiently light to float freely in atmospheric currents and be inspired; while in the second case it may be a volatile or gaseous matter that is the source of propagation. Data are yet insufficient to determine with precision any of these points.

12. Is cholera in animals transmissible only between individuals of the same species; or between different species, genera, and classes: between domesticated and wild animals of the same or different species, genus, or class: between animals and man? This inquiry opens up a wide and quite novel field—one on which, unfortunately, I had no opportunity of at all entering. But in so far as in cholera naturally acquired—in the so-called epizootic cholera—such intercommunication exists, as it does also in other diseases, it is at least probable that it will be found to occur as regards cholera artificially produced.

13. Modes or Forms of Experimentation.—In order to the determination of the doubtful points hereinbefore referred to, it is, *inter alia*, desirable that separate subjects of experiment should be brought under the exclusive influence of the (1) breath, (2) sweat, (3) stomach ejecta, and (4) intestinal evacuations of cholera patients; that in the first two, by filtration of the effluvia or otherwise, endeavour should be made to determine how far the poison is gaseous, fluid or solid; that in the two latter, equal endeavour should be made to determine whether the volatile emanations are not sufficiently poisonous to communicate the disease; that in the case of the evacuations various experiments should be made in evaporating or concentrating, reducing to the solid and dry state, so as to determine so far the exact medium of communication, and to ascertain the effects of concentration or dilution, dryness or fluidity. Inhalation, swallowing, injection, should all be tried in legitimate forms; bearing in mind always the sources of fallacy attachable to the form or instrument of experiment. Of these, most has already been done apparently in the way of injection and swallowing, least in that of inhalation, which appears to me to be the most promising direction of the three. It is necessary to take especial care that in experiments with gaseous matter there should be no contamination with light molecular aërial matter—of the nature, e.g., of germinal matter, from dried evacuations or excretions,—if such exclusion is, indeed, possible or practicable.

14. In connexion with cholera artificially produced, cholera epizootics (cholera naturally acquired in animals) merit a careful study. If it be proved that such affections are cholera, and not merely choleroid, their study in connexion with choleraization in animals cannot fail to bear most intimately on the study of cholera in man.

These are but a few illustrations of the points that appear to me to possess special interest at the present time in connexion with choleraization. For further details I would refer the reader to the various papers undernoted, which either contain records of my own experiments, and references to those of my predecessors, or develop more fully my views as to the scope and direction of future experiment. The special investigations recently made under the auspices of the Cattle Plague Commissioners are also *pro tanto* models of what is required in an experimental inquiry as to the nature of cholera.

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Gilgal, Perth, November, 1866.

CASES OF GUNSHOT WOUNDS OCCURRING DURING THE LATE WAR IN GERMANY.

BY F. H. LOVELL, ESQ.

Gunshot Wound of the Stomach.

J. K——, aged twenty-five, a married soldier from the 4th Austrian Infantry Regiment; was wounded at the battle here (Trautenau) on the 27th June, late in the day. He states that while the Prussians were retreating on the evening of the 27th he received his wound and fell, and in the course of the night he was brought down here into the town. After the Prussians took the town on the following day he was put into this hospital, and has been here ever since.

First, on looking at this man's coat, there are two holes in it, situated about the waist: the one on the left is cleanly cut, about the size of a sixpenny-piece; the one on the right side is more than twice that size, and has ragged edges. On examining him, there is a gunshot wound between the seventh and eighth ribs on the left side, where the ball entered; and a corresponding one between the sixth and seventh ribs on the right side, where the ball emerged, passing nearly transversely across the ensiform cartilage. The wound of exit is quite half as large again as the wound of entrance. The one on the left side is precisely in a line with the left nipple; the one on the right is an inch nearer the sternum. The two wounds are five inches

apart from each other. After he was shot he says he did not feel as if he were much hurt; he did not faint, nor did he vomit at that time. On the following day he vomited, and this lasted for several hours, but he cannot say whether there was any blood in the matters vomited. He remained quiet all this day, and the following day (29th) he was put into hospital. The wounds were dressed with charpie, a binder was put round his body, and he was put to bed. It should be added that he had had nothing to eat or drink since seven o'clock on the morning of the battle, and he fell about seven in the evening. The last food he had were some plums and a little wine. When the wounds were dressed on the 30th, he says he noticed some thin dark fluid bubble out of the wound, as with gas. He was not sick on that day, nor had he much pain then or since, and he considered himself but slightly wounded.

Aug. 15th.—He has been kept quiet in bed ever since the 30th of June; has had a liberal allowance of food, wine, and cigars; and he had no bad symptoms, excepting occasional vomiting of his food, and the escape of gas through the wound, generally about once a day. His general health is not very much impaired. The exit wound has healed, and the entrance wound has also healed, excepting a small aperture in its centre, through which there is a thin yellowish discharge, with an acid smell, but certainly not fecular, and the occasional escape of gas. A probe passed through this aperture takes a direction upwards towards the posterior border of the left axilla; and when introduced to the extent of five inches, its further passage is arrested by a soft yielding substance. By making pressure over the stomach, three drachms of the discharge were collected to-day in a small cup: its colour is a pale yellow; it is thin, and generally slightly puriform; it has an acid smell, but none of fæces; it gives an acid reaction to litmus paper. To-day, by way of experiment, he was given first an alkaline draught to drink, and immediately after this an acid one, and on taking the probe out of the wound there was a distinct escape of gas from it. He gets up now, takes his food well, and his bodily functions are regular.

26th.—His health is improving, and he takes his food well. He still occasionally vomits, and there is still an escape of gas through the fistula, generally after meals; the discharge from it is certainly less than it was.

Convalescent.

Gunshot Wound followed by a Gall-Fistula; Death from Pyæmia.

P. L——, aged thirty-three, a Pole, wounded at Königgrätz on the 3rd July, and sent here from Pardubitz on the 10th. He was struck by a ball just below the cartilage of the last rib on the right side. From the appearance of his coat, the ball must have struck him in a very slanting direction from left to right, as it has made one ragged tear in it, four inches long. He did not even know that he was wounded till after the battle.

On examining him, there is a wound about the size of a crown-piece situated four inches to the right of the umbilicus and an inch below the cartilage of the last rib. The wound is discharging slightly, a rather offensive dark discharge; the edges have a healthy appearance, but the centre of the wound is occupied by a slough the size of a half-crown, which is separating very slowly from the healthy parts. He does not suffer much pain, but his health is considerably damaged. He takes his food well; he is kept in bed; and the wound is dressed with charpie and chloride of lime.

Aug. 1st.—The slough separated yesterday, and has left a deep granulating wound. The close resemblance of the stains on his shirt to those of bile drew attention to-day to a small aperture in the middle of the wound, through which a probe can be passed for four inches into the abdominal cavity. By pressing over the liver on either side of the wound, a thick yellowish-brown discharge is seen oozing through this aperture, and to-day we collected about two drachms of this, which on chemical analysis was proved to be bile. He takes his food well, and does not complain of pain. He has an opiate at night, as he cannot sleep well without it. Bodily functions regular.

7th.—On the 5th he was seized with shivering, and the rigors now continued two or three times daily. He has lost his appetite; his face is dusky; pulse varies, generally about 90, soft; tongue is red and dry. He has got diarrhœa to-day; motions dark, loose, and very offensive. The wound has broken open again round the fistula.

9th.—He became worse, in spite of quinine, wine, &c., and he died last night.

A post-mortem examination was made, and a large abscess was found occupying the lower and part of the middle lobe of the right lung; this lung was firmly adherent to the walls of the chest. The left lung was healthy, as indeed were all the other organs; but the liver was somewhat large, and showed the results of recent inflammation on its surface, though its substance was healthy. The gall-bladder was firmly adherent to the abdominal walls, and through this adhesion a probe could be passed from without through the fistula into its interior. A piece of cloth was found in it; at first it was doubtful what this was, but after washing it there remained no doubt. This circumstance made one almost think it was possible that the ball had lodged, but every search was made for it in vain. The peritoneum showed the results of recent inflammation only around the seat of injury.

Gunshot Wound of Pelvis, followed by Urinary Fistula; Recovery.

P. T——, aged twenty, a Venetian, in the 12th Austrian Infantry Regiment. He was wounded at Königgrätz on July 3rd, late in the day, and remained on the field twenty-four hours after the battle; was sent to Pardubitz, where he remained a week; and arrived here on the 10th. The ball struck him over the *left* tuber ischii, and emerged through the *right* groin.

From the 3rd to the 18th he did not pass any urine by the natural way, it nearly all came through the wound in the nates; on the 18th he first passed a little by the penis, and since then he has been able to pass it when called upon. In addition to this, he lost all power over the sphincter ani till the 15th, since which date he has been gradually regaining its use.

July 25th.—Since he has been here, little has been done for him beyond dressing the wounds twice daily and attending to his bowels &c. He takes his food well, and has a good allowance of tobacco; also a quarter of a grain of morphia every night. The wounds now present a healthy appearance. In this case the exit wound, contrary to the generality of cases now here, is in a more advanced stage of healing than the entrance wound. No doubt this is owing to the much freer discharge of urine through this wound. About a teacupful now passes by this wound in the twenty-four hours. The discharge from both wounds is lessening, and presents a healthy appearance. He can now hold his motions, and defecation is not attended with pain. There is nothing abnormal to be felt by the finger in the rectum. He has got the bullet as it fell out of the wound. It is from a needle-gun, but is much altered in shape: it is now flattened, and has one rather sharp angle; but it is entire. From the appearance of his clothes, there must have been considerable hæmorrhage at the time of the accident, but there has not been any since.

Aug. 5th.—The wounds have now both healed, all but a very small opening in the cicatrix of the entrance wound, through which a few drops of urine flow occasionally when he walks about. He passes his urine freely, and without pain. His motions are natural, and passed without pain, and he has quite recovered the use of the sphincter muscle.

15th.—Within the last few days the fistulous opening in the nates has healed of its own accord. He goes about now well.

Gunshot Wound of Pelvis; Ball lodged; Urinary Fistula; Recovery.

F. N——, aged twenty-five, a Hungarian soldier, in the 7th Austrian Infantry Regiment, wounded at Königgrätz on the 3rd, and sent here with many other wounded prisoners on the 10th of July.

This is in some respects a very similar case to the preceding. The ball struck the man, while he was standing and loading, over the right tuber ischii, and lodged. In this case also there was considerable hæmorrhage at the time of the accident. For the first ten days all the urine came away through the wound; on the eleventh day he passed a little through the penis, and since then he has passed it regularly. There was no paralysis of the sphincter ani, nor has he had a single bad symptom but the urinary fistula.

July 25th.—He is still in bed, takes his food well, and his bodily functions are regular. The wound discharges slightly, and the discharge has still a urinary smell. A probe can be passed through the wound to the extent of four inches, when its further course is arrested by a firm elastic substance. The ball has been looked for in every conceivable direction, but as yet it cannot be found. Thinking it might possibly have lodged in the bladder, he was sounded to-day, but it is not there.

Aug. 2nd.—The wound in the buttock has healed, and he

passes his urine freely, and without pain. No urine has come through the wound now for several days. During the last few days he has been complaining of pain in the inside of the left thigh; and to-day, there being distinct fluctuation, a deep incision was made into it, and a quantity of healthy pus was evacuated. We certainly expected to find the bullet here, but all search was made for it in vain. His health is good.

15th.—The abscess has healed, and he is convalescent; but the ball has not yet been found.

Gunshot Wound through the Right Thigh, carrying away the Scrotum and Testes; Recovery.

K. M——, aged twenty, an Austrian jäger, who was wounded at Königgrätz on the 3rd, was sent to Pardubitz with other prisoners, and arrived here on the 12th of July.

The ball struck him below and just behind the trochanter major of the right femur, and emerged on the inside of the right groin; then, carrying away both testes with most of the scrotum, it grazed the left groin, and there left him. A good idea of the course this ball took may be formed by simply looking at the man's trousers; the greater part of both the pockets in them are carried away. There was no external hæmorrhage at the time of the accident, and there has been none since. A probe introduced into the entrance wound strikes against the posterior edge of the trochanter major, and passing beneath this, it can be made to emerge in the groin. He is kept quiet in bed, and the wounds are only dressed with charpie. He takes his food well, and his bodily functions are regular. The wounds are both discharging slightly, but the discharge is healthy. Several small pieces of linen have come away through the exit wound within the last week. The entrance wound is in a more advanced stage of healing than the exit. The remaining portion of scrotum has also healed, and is now contracted round the root of the penis. The grazing over the left groin is still distinctly visible as a brown puckered cicatrix about three inches in length.

Aug. 15th.—Both wounds have healed, and he is quite well.

Karthaus, Aug. 1866.

THE REGULATORS OF THE GLOTTIS.

By GEO. DUNCAN GIBB, M.D.,
ASSISTANT-PHYSICIAN TO WESTMINSTER HOSPITAL.

THE revelations of the laryngoscope have clearly demonstrated the necessity of discarding many of the expressions—anatomical and pathological—which have been hitherto commonly employed concerning the larynx. The propriety of this cannot be doubted; and in a little while certain terms will be recognised as distinctively indicating particular lesions, parts, or actions. I believe I was the first person to show that the expression "œdema of the glottis" was an anomaly and a misnomer, and that it should be replaced by the more rational term "œdema of the larynx," subdivided into the supra-glottic form (the ordinary and old œdema of the glottis) and the more rare yet by no means infrequent subglottic form. Into this, however, I must not at present enter, but will say a few words upon the *false vocal cords*.

We know that phonation, or sound of any kind entitled to the term vocalisation, can only be produced through the agency of the vocal cords, now so well known that it would be superfluous to dilate upon them; and what have hitherto been called the *false*, in contradistinction to the *true* vocal cords, have nothing whatever to do with phonation, beyond any modifying influence they may possess in modulating the tones of the voice. They possess no right nor title to be called vocal cords at all; and, with the desire of co-operating with my brethren of the English school of medicine, I shall henceforth discard the expression "false vocal cords," and also the terms (used in anatomy) "superior and inferior ligaments of the glottis."

The question then arises, What name shall be given to the false vocal cords? This can be best answered by considering their nature, and the particular function which they perform. They are formed by the upper division of the triceps laryngea muscle—a muscle capable of division into three bundles of fibres, as made out by Battaille, whose views, with corroborative reflections, were published in THE LANCET of Oct. 15th, 1864, in a paper by myself, on the various forms assumed by the glottis.

These remarkable muscles, covered by folds of mucous membrane of a delicate rose-pink colour, line the lateral boundaries of the larynx, and extend in an antero-posterior direction from near the angle of the thyroid cartilage, close to the root of the epiglottis, to the arytenoid cartilages. The ventricles are fissures or receptacles in these muscles, but the latter do not in any possible manner constitute bands to the ventricles, as indeed any good anatomist must be aware. What then is their true signification? In plain words, they act the part of *regulators of the glottis* in the fullest sense: without their influence the glottis cannot open nor shut, nor can vibration necessary to the act of phonation occur. In deglutition, their influence is exerted firstly to close the glottis, and then to throw their protecting influence over it by meeting together to receive the impression and weight of the epiglottis with its sliding bolus. Let the fact be reasoned in every possible way, the only conclusion to be arrived at is that the triceps laryngea—the thyro-arytenoid muscle—the heretofore false vocal cord—is a regulator of the glottis. If this then is undeniable, let them be called regulators of the glottis, a term more distinctive and expressive than any other, and moreover one that conveys to the mind of the student their actual meaning, and one certainly more euphonious than false vocal cords, or even thyro-ary-regulators, which some of our modern innovators might be disposed to call them.

Bryanston-street, Portman-square, Nov. 1866.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

STRANGULATED CONGENITAL INGUINAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. PRESCOTT HEWETT.)

THE interest of the following case lies especially in the anatomical formation of the hernia. It was a good example of rupture into the vaginal process of the peritoneum—a form which it is important to distinguish from the ordinary kind of inguino-scrotal hernia. As will be seen, the occurrence of the hernia was characteristically sudden. A young man, previously healthy, finds after exertion a tumour in his scrotum. There is no gradual process of development, such as is observed in the ordinary inguino-scrotal rupture.

Mr. Birkett, in the article "Hernia" (Holmes's System of Surgery), remarks of these cases that the "tumour projects in a remarkable manner from the external outlet of the inguinal canal: directly the rupture escapes from the embrace of the external abdominal ring, the form is more globular and rounded in comparison with the pyriform outline of the hernia of slow formation in adult life." In the case before us Mr. Hewett lost no time in operating. He remarked that in these instances the stricture is so tight that severe mischief is occasioned with more than usual rapidity, unless the gut be quickly liberated. It is worth noticing, that the taxis is much less frequently successful in these cases than in the ordinary inguino-scrotal hernia in which the sac is slowly formed. Mr. Birkett shows that of 57 cases collected at Guy's Hospital in which a cutting operation was required to liberate a strangulated hernia, 33 belonged to the class of which we are writing, and 24 were of the old slowly-forming variety. Again: of 129 cases of oblique inguinal hernia, 59 had traversed the canal of the vaginal process of the peritoneum, and 70 belonged to the old inguino-scrotal variety. Of the former kind, 33 per cent. required a cutting operation; of the latter, but 24 per cent.

We are indebted to Mr. E. C. Ring, surgical registrar, for notes of the case.

W. A——, aged nineteen, previously free from any signs of

rupture, whilst lifting a heavy box, on the morning of October 1st, felt a sudden severe pain in the right inguinal region. He was admitted into the hospital, and it was then found that he had a tumour, rather larger than an egg, in the right side of the scrotum, which was recognised as a hernia. He was suffering severe pain in the umbilical region and in the tumour.

At two P.M. on the same day Mr. Hewett performed herniotomy. The sac, which was formed by the tunica vaginalis, was opened, and found to contain about two and a half inches of small intestine, together with some omentum. Another portion of omentum was firmly adherent to the upper part of the neck of the sac. There was a very little clear serum in the tunica vaginalis. The stricture having been divided, the bowel was returned, the omentum ligatured and cut off. One grain of opium was given immediately on the patient's return to bed, at seven P.M., at eleven P.M., and at five o'clock on the following morning.

The patient went on well, and on the fourth day the bowels were relieved by a simple enema. At that time there was slight discharge from the wound. On the ninth day the bowels acted naturally. Later in the case there was a good deal of rather offensive discharge from the wound, which gaped considerably. Towards the end of the month granulations appeared, the discharge lessened, and the wound was quite healed on November 17th, when the patient quitted the hospital.

Mr. Hewett mentioned a case in private practice in which he was consulted not long ago. A gentleman eighty-two years of age, the subject of congenital inguinal hernia all his life, was suddenly seized with symptoms of strangulation. The scrotal tumour was so large that a mere pucker indicated the position of the urethral orifice, the penis being sunk out of sight in the depths of the swelling. When the tunica vaginalis was opened, in the course of the operation, a discharge took place from its cavity of yellow fluid, which Mr. Hewett at first supposed was serum from the abdomen. It turned out, however, to be urine, which had trickled into the cavity from the buried urethra. No harm came of this novel application to the sac surface, and the old gentleman was up and about again six weeks after the operation.

LONDON HOSPITAL.

CASE OF DISEASE OF THE LEFT SIDE OF THE BRAIN, INVOLVING THE CORPUS STRIATUM, ETC.; THE APHASIA OF TROUSSEAU; CLINICAL REMARKS ON PSYCHICO-PHYSICAL SYMPTOMS.

(Under the care of Dr. HUGHLINGS JACKSON.)

THE following is a case of considerable interest, although the damage to the brain was so widespread that precise evidence bearing on disputed questions as to the localisation of "faculties" is not supplied by the autopsy. In this respect it stands in contrast, as Dr. Hughlings Jackson observed, to the remarkable and valuable case Dr. Sanders has related in the *Edinburgh Medical Journal*, March, 1866.

Dr. Jackson thinks there is a danger that students may look upon a bad case as a typical one. A case like the following was, he said, no more significant than that of a certain difficulty of articulation which occurs from disease of the corpus striatum, or of the convolutions near this body. There were to be traced, he believed (from various cases of hemiplegia) defects, increasing in range and diminishing in degree, from those of articulation to incoherence. And it was, he thought, not well to exclude defect of articulation from one end and incoherence from the other end of one continuous series of psychico-physical symptoms. All these various defects were, he believed, disorders in a certain series of cultivated *anatomical possibilities*—of motor and sensory centres ascending in complexity, in *interrelations* and in *width of associations*. Although we usually speak of these symptoms as defects of expression by motion,* it is quite clear that motion and sensation are everywhere interweaved. He attempted a comparison and contrast betwixt double vision and difficulty of articulation, incoherence and spectral illusions. In disorders of the higher complexities and wider associations of motion and sensation, or, as they might be called, expression and perception, it is, he thinks, scarcely proper to separate the two sorts of defects.

Although he has, in his first paper, ("London Hospital Reports," vol. i., 1864,) used the expression "faculty of language," he now thinks it better either to avoid the use of such terms, or to make their use so common as to take away the undue importance they are sometimes allowed to have. And instead of first studying "memory for words," he would advise the student to begin by thinking of the cultivation of a simpler series of sensory and motor processes, such, for instance, as that for remembering an umbrella. It is long before the motory and sensory impressions become so nascent that the umbrella is *unconsciously remembered*—if such a phrase be permissible. Dr. Hughlings Jackson, in this connexion, spoke of "innate ideas," and said the only conception he could form of them was as of a series of anatomical possibilities—not nervous centres only—in correspondence with a particular series of so-called "sensation possibilities" in the organism's environment. These congenital anatomical possibilities represented, he supposed, the acquirements of the race, and their particular cultivation—"the faculties"—the acquirements of the individual members of it. The aye-aye might be said to have innate ideas about certain larvæ. To the habits, taste, &c., of these larvæ it is, so to speak, in such exact physical correspondence, that the *faculty* of seeking and getting them out of trunks of trees, of eating and digesting them, &c., is so easily developed, that it may conveniently be called instinctive. There is, of course, an enormous difference in degree in the wide possibilities of the human cerebrum and those narrow possibilities—almost certainties—which are the framework of instinctive actions, or such actions as smiling and the movements of respiration.

The secondary-automatic utterances of some of these "speechless" patients appear to show the resemblances betwixt commoner reflex actions and the higher intellectual operations. Dr. Hughlings Jackson's opinions on these last points we have already reported in some detail in our "Mirror," Feb. 17th, 1866. We may also refer to his first paper in the "London Hospital Reports," vol. i. 1864, p. 454. He there compares such utterances to gross reflex actions. He thinks that a study of Mr. Herbert Spencer's works will show the extreme importance of working at the whole of the physico-psychical symptoms we meet with—in connexion with hemiplegia to begin with,—from those grossly motor, as defects of articulation, to those purely "mental," as incoherence. He believes that observations on this plan will help to demonstrate the truth of many of the views Mr. Herbert Spencer has put forward in his "Principles of Psychology." If terms are to be used, or perhaps abused, the extremes may be respectively called ataxy of muscles and ataxy of ideas; or, again, muscular incoherence and incoherence of ideas. Dr. Hughlings Jackson would begin with hemiplegia, as he believes present evidence goes to show that the chief anatomical question is the relation of the disease which damages speech to the motor tract. He still thinks that the points of greatest importance are, (1) the *quantity* of brain damaged, and (2) the *relations* of the damaged part to the corpus striatum, the point of emission of the orders of the "will" to the muscles. (See our report of his remarks, "Mirror," Nov. 26th, 1864.) Cases of defects of speech are, Dr. Jackson thinks, more valuable to think *from* towards mind than to think *on* as cases of aphasia. They are more definite than other mental defects. From the corpus striatum, inwards and outwards, he would begin his anatomical studies of Medical Psychology. The vascularity of this region is a most important fact in many ways, and he thinks it not unlikely that arteries have to do with unifying in action parts differentiated in function. He urges strongly that we should from cases of chorea, epilepsy, paralysis, and defects of speech try to learn something towards establishing the Laws of the Evolution of Movement and Sensation.

As to the side of the brain affected, Dr. Jackson simply says that the mass of clinical facts show that considerable defect of speech rarely occurs with hemiplegia of the left side. Dr. Wilks writes, in the last volume of "Guy's Hospital Reports," p. 172: "With regard to the loss of speech with right hemiplegia I need scarcely say that my observations accord entirely with those of Dr. Hughlings Jackson, although the true explanation of this remarkable circumstance has yet to be discovered." Neither Dr. Wilks nor Dr. Hughlings Jackson goes beyond stating the mere facts of the question. Dr. Jackson has recorded three exceptions to this clinical rule in his first paper on the subject ("Lond. Hosp. Rep.," vol. i., 1864), and more than this, he has, he tells us, received from Dr. Long Fox, of Bristol, the report of a case and post-mortem examination which seems to show that disease of Broca's region on the left side does not always destroy power of speech. Dr. Hughlings Jackson has recorded in the "Ophthalmic Hospital

* Bain says "a *suppressed articulation* is, in fact, the material of our recollection, the intellectual manifestation, the *idea* of speech."—"The Senses and the Intellect," 1855, p. 394. The italics are in the original.

Reports" three cases—quoted in the last volume of "Ranking's Abstract"—of disease of Broca's convolution on the right side, without any defect of speech of any kind.

The almost constant association of loss of speech with hemiplegia of the *right* side has been discovered three times independently—viz., by M. Dax, by M. Broca, and by Dr. Hughlings Jackson. So that, admitting that an exceptional case ought to have very great weight, and with great deference to the "theory in possession," the *clinical peculiarity* cannot be dismissed as a point of no importance.

A man, forty-nine years of age, had a fit on the evening of the 1st of May last; and, according to his wife, the right side of his body was convulsed, and not the left. He came round, she said, in half an hour, but could not speak, and was found to be paralysed on the right side. From that time it is doubtful whether he ever spoke any word but "yes" to his death on June 29th. There is little to say about the progress of the case. The patient never said anything, and never made any signs. He kept his bed until his death. He passed his urine and motions under him.

The patient was, however, not unconscious, as he ate and drank greedily for some weeks, and would utter the word "yes." As, however, he uttered it whenever anyone spoke to him, this fact is not contradictory to the statement that he never *said anything*, for from his mouth the utterance carried no meaning. He had never been able to write; but, when a pencil was offered to him, he took it and scrawled marks on paper as a baby might do. His right arm became rigid; bending it gave him pain, and this caused him to grin and cry out "Oh!" One of the patients told Dr. Jackson that the poor fellow once said "nurse."

The last few weeks of his life the man took less food, became emaciated, and gradually sank exhausted. For some of the facts of the report we are indebted to Mr. Colquhoun, late assistant medical officer.

The autopsy was made by Dr. Hughlings Jackson and by Dr. James Jackson, the resident medical officer. A large dark clot lay in a cavity of softened brain extending from about an eighth of an inch in front of the corpus striatum to the front wall of the middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined towards its centre, and the thalamus to a great extent. The clot did not extend into the crus cerebri.

Before the above examination was made the pia mater had been taken off and the convolutions observed. The insula looked yellow, and getting off the pia mater tore through into the yellowish softened cavity of the clot. The brain was softened and discoloured up to the grey matter of a great many folds, including the posterior half of the third frontal, lower part of the transverse, the parietal, and part of the second frontal, as well as much of the floor of the fissure of Sylvius. The right side of the brain was firm and perfectly healthy. The medulla was healthy.

The convulsive seizure is, Dr. Hughlings Jackson thinks, a symptom of great interest, especially as showing the loose meaning of the word "epilepsy." It is sometimes discussed whether epilepsy causes cerebral hæmorrhage or cerebral hæmorrhage epilepsy.

ST. BARTHOLOMEW'S HOSPITAL.

UNUNITED FRACTURE OF THE HUMERUS; EMPLOYMENT OF BICKERSTETH'S PROCESS FOR PROMOTING UNION OF THE FRAGMENTS.

(Under the care of Mr. PAGET.)

THERE is probably no event more annoying to a surgeon than to find, after every apparent care has been devoted to a case of fracture, that the fragments have failed to unite. This accident is not, happily, of frequent occurrence. Lonsdale found that of 4000 fractures treated at the Middlesex Hospital only four or five refused to unite. Liston met with one only in his own practice. Norris did not meet with one case out of 946 fractures. (See Holmes's System of Surgery, vol. i., p. 793.) So that probably we may allow one failure of union for about every 1000 cases of fracture. The most common cause of non-union is thought to be motion between the fragments. That this is a likely cause must be evident to everyone. But, considering the large number of simple fractures which must necessarily be badly treated, and the very small per-centage of failures, it is tolerably certain that the large majority of broken bones will unite even under such disadvantageous circumstances, and that we must look for some superadded cause when union fails to take place. Such a cause may be found in constitutional debility from old age, pregnancy, lactation, syphilis, fevers, general cachexia, and above all probably from scurvy. Or local causes may be present. There may be inflammation of the soft parts, paralysis, or obstruction to the circulation from tight bandaging. In the case which we are about to relate, Mr. Paget pointed out a probable local cause which it is worth while to remember, as a misfortune of the kind may very likely be prevented by attention to the circumstances.

Two cases of ununited fracture are at the present time in St. Bartholomew's Hospital under Mr. Paget's care. A Welshman, thirty-one years of age, broke his left femur about the middle twelve months ago. He was in Wales at the time, was treated by a surgeon, and laid up in bed for four months. There was no union. He came into the hospital to see if anything could be done for him; but he has hitherto declined to submit to an operation. It is curious to see how little comparative inconvenience he suffers from his deformity. He has a femur broken in half, with absolutely no union (so far as can be determined) between the fragments; yet, when asked to walk, he gets nimbly out of bed, seizes a stick with his right hand, and traverses the ward with considerable ease. He can lift his leg forwards and backwards, and in walking he places the foot fairly upon the ground. No doubt the weight of the body is mainly distributed between his sound leg and the stick; but he does not hop, and, without a knowledge of the circumstances, it would be impossible to imagine the actual condition of his left limb. We observed that when using the leg, the great muscles of the thigh became more than usually rigid. They appear indeed, as Mr. Paget remarked, to act as temporary splints; and as the fracture is probably transverse, the bone is in this way capable of bearing a certain amount of weight in a direction exactly downward. The other case was operated on last Saturday. The patient is a Deal boatman, who broke his right humerus nine months ago in two places—below the insertion of the deltoid, and above the condyles. The upper fracture is repaired; but between the fragments of the lower one there is no union. It was for this condition that he came into the hospital. The patient is just such a hearty-looking fellow as we might expect to find in one of his craft.

On Saturday, the man being under the influence of chloroform, and his arm laid upon an obtuse-angled wooden splint, hollowed out to receive and steady it, Mr. Paget first carefully examined with his fingers the position of the fragments. So far as he could determine, the fracture was slightly oblique, but there was probably not more than half an inch of overlapping. By a little dexterous manipulation, he contrived to coax the fragments into a desirable position, the upper end of the lower portion lying upon the lower end of the upper. His object was so to arrange them that a hole might be drilled through the bones, and a stout wire passed through so as to pin them together. All being ready, he passed a narrow-bladed knife down to the nearest bone, in a direction from below upwards and backwards. The knife was then withdrawn, and a common archimedean drill introduced in its place. By means of this he bored a hole through the two fragments, and then passed into this a stout iron wire three inches or so in length. The upper end of the lower fragment was very fairly pierced, Mr. Paget remarked, but he did not think that the lower end of the upper one was so happily transfixed. It was, however, certainly caught, and the fragments thus connected. The plan pursued was that recommended by Mr. Bickersteth, of Liverpool, in a paper which he read before the Royal Medical and Chirurgical Society (see THE LANCET, March 19th, 1864, p. 325). It is a modification and probably an improvement upon Dieffenbach's operation, which consisted in introducing ivory pegs for the purpose of exciting ossific deposit. Mr. Bickersteth's plan conjoins with this the happy feature of securing immobility to the fragments. In some cases treated in this way by Mr. Bickersteth the results were very satisfactory.

What was the cause of non-union in this hearty boatman's arm? Mr. Paget thought that the accident might be traced to these two influences. In the first place, he pointed out that in such a fracture as this the middle fragment is at a great disadvantage. It is cut off above from the nutrient artery of the bone, and below from the vascular supply around the joint. It is, in fact, isolated from a free supply of blood. In the second place, during the splint-treatment of such an accident, the elbow-joint becomes stiffened, and, when the splints are removed, as the joint does not readily yield, an amount of strain is exerted upon the newly-formed osseous substance which it is unable to bear without giving way. There is an

attempt to bend the arm; flexion will not take place at the rigid joint, and so it tends to occur at the weak point above. The inference of course from this is that, after such accidents, more than usual care and patience are required in gradually resuming the movements of the forearm.

We shall watch this interesting case, and note the result after a suitable interval.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 12, 1866.

DR. C. J. HARE, PRESIDENT.

Mr. J. W. BARNES mentioned a remarkable instance of recovery after fracture and partial dislocation of the cervical vertebræ, and also exhibited the patient to the Society.

Mr. W. ADAMS stated that he saw the patient within a few months of the occurrence of the accident, and had examined him several times since. Rather more bone is now deposited at the seat of fracture than there was when he first saw him; but pressure at the fourth and fifth cervical vertebræ now causes the man to feel giddy and to drop, though less readily than formerly, and he (Mr. Adams) therefore thought that there still remained some movement of the parts fractured. It was evident that in this case there had been some suppuration at the seat of injury, which was an unusual circumstance in cases of similar accident. A remarkable circumstance, too, was the absence of paralysis, the possibility of such absence being due to the large size of the vertebral canal at this part compared with the size of the cord. The loss of movement of the atlas and axis probably showed that these bones were involved to some extent in the accident. He complimented Mr. Barnes on the exceedingly judicious treatment adopted, to which had been due the patient's recovery.

Mr. DE MÉRIC suggested whether the immobility of the atlas and axis might not in this case be due to the abscess referred to having involved the ligaments and muscles connected with these bones, rather than to disease of or accident to the bones themselves.

Mr. EBSWORTH gave to the Society three very interesting specimens, though not of a specially medical character. They were portions, about five inches long, of the Atlantic Telegraph Cable of 1865, recovered from the bed of the ocean; a similar piece of the Atlantic Cable of 1866; and also of the Mediterranean Telegraph Cable. The President, in conveying to Mr. Ebsworth the thanks of the Society, offered to provide a glass shade and stand for the specimens, so that they might be always available for the inspection of the Fellows.

Mr. DE MÉRIC read a paper on

THE SEQUELÆ OF SYPHILIS.

The author stated that his attention was attracted to such phenomena as might be considered sequelæ of syphilis, by observing acute or chronic complaints which befell patients of his who had passed through the stages of lues venerea. From carefully noting the circumstances of these cases, which had all occurred in his own practice, he concluded that it is a mistake to consider most diseases attacking syphilitic patients as being directly dependent on the venereal taint; and he thought, moreover, not only that such diseases had nothing to do with the syphilitic poison, but that their course was uninfluenced by it. He was far, however, from favouring confusion, and would carefully separate from these supposed sequelæ the cerebral or hepatic disturbances which depend on syphilitic deposits. These disturbances and their causes were, in fact, part and parcel of the disease; and should be carefully distinguished, for example, from typhus, diabetes, or phthisis, to which syphilitic patients might fall victims. Strictly speaking, there are no *sequelæ of syphilis*, as are seen after scarlet fever or measles, all the actual phenomena of syphilis being referable to one or more of its three stages. Mr. de Méric's cases were obtained from his public or private practice, the paper being thus strictly clinical. Brief outlines of the cases were given, and included acute complaints, as typhus, articular rheumatism, cerebral disturbance, and tetanus. The chronic diseases alluded to were diabetes, phthisis pulmonalis, struma, and cancer. In the course of the paper, Mr. de Méric had occasion to allude to a valuable French work of M. Yvaren, of Avignon, called "The Metamorphoses of Syphilis." Whilst rendering full justice to the author's labours, Mr. de Méric stated that he could not subscribe to M. Yvaren's proposition, that syphilis, lurking in the organism of patients, often took the garb of complaints affecting the nervous system, the mucous and other tracts, or the organism in general, a complete *metamorphosis* then taking place. Mr. de Méric's cases, and the arguments adduced, showed that this proposition was untenable. The only doubt remaining on Mr. de Méric's mind concerned the apparent transformation of syphilis into *cancer*, which transformation was rendered pretty likely by two cases in his own practice.

The PRESIDENT, in inviting discussion upon the paper, briefly recapitulated and commented upon some of the chief points it referred to, and which might admit of differences of opinion; and especially alluded to the question as to how far some of the "sequelæ" mentioned by the author should be considered as *results* of the syphilis, or merely as conditions accidentally supervening in persons who had been the subjects of the disease in question.

Mr. WEEDEN COOKE could not altogether agree with the author as to syphilis producing in a *direct* manner the sequelæ mentioned. It causes a kind of decay of the system, and so predisposes the body to the occurrence of the affections named; or, if the affections occur in any individual, the syphilis, if present, intensifies such diseases. The treatment adopted for the syphilis sometimes modifies the sequelæ, and mercury does so by increasing the decay of the body. He thought it was best to allow any eruptions which occur from syphilis to run their course, at the same time building up as much as possible the general tone of the body.

Mr. EBSWORTH attributed the sequelæ to the bad and low condition of the system produced by the syphilis, especially amongst the poor, and urged the importance of and benefit derivable from a residence at the seaside, and the use of acids and bark, which together aid the system in throwing off the syphilitic taint.

Mr. HENRY LEE, with reference to the transition of syphilitic into other forms of disease, mentioned, amongst other illustrative cases, one in which an indurated syphilitic growth at the back of the vagina became cancerous. He had also met with an instance in which trismus had been caused by syphilitic disease of a portion of the cranium, and the trismus ceased when the bone was removed; but this was probably an example of ordinary reflex action, and not due to the specific nature of the bone affected. Mr. Lee held that the cutaneous manifestation of syphilis might be advantageous in preventing the internal organs being affected, and that probably "syphilisation" and the "calomel bath" (of which latter he thought very highly) acted in this manner.

Mr. NUNN urged that, before any practical results could be arrived at, it was necessary to analyse the results as regarded syphilitic cases when they were divided into two classes—those treated with and those treated without mercury; and the cases analysed should be numerous. He had treated cases non-mercurially for several years past, and most certainly where there was any strumous taint mercury should not be employed.

Mr. LANE felt sure that there was at the present day too much tendency to attribute various diseases and affections to the syphilitic taint, especially struma: in many such cases the disease was merely connected with syphilis, as a cause, in consequence of the general debility which the latter might have induced. Out of many post-mortem examinations he had made in which the external manifestations of syphilis had been severe, in very few had he found visceral signs of the disease. In certain cases of the disease mercury might be looked upon as a tonic.

Mr. WALTER COULSON related several cases which illustrated points referred to in Mr. de Méric's paper. The first was that of a patient (exhibited to the Society some time ago) who had been treated for syphilis without any mercury, and a large portion of whose frontal bone came away. Another was that of a gentleman, who, treated without mercury, had secondary symptoms soon after the primary chancre, and subsequently became completely crippled from rheumatism; but under appropriate treatment was enabled to rejoin his regiment, a node which had formed on one shoulder having also disappeared. A few months ago another very large node appeared on the forehead, but disappeared under iodide of potassium and purging. Then he had pains in the head, ptosis, and other severe symptoms, for which he is now taking twenty-four grains of iodide of potassium three times a day, and is improving. Under small doses, tried for a short time, he got worse. A case of syphilitic

sarcocele got well after the iodide of potassium had been continued for a year, and it has not returned.

Dr. COLOMIATI MERREDYTH gave some interesting and important statistical facts relative to the advantages derivable from a judicious employment of mercury.

Dr. SYMES THOMPSON felt assured that, while some of the "sequelæ" referred to by Mr. de Méric were dependent upon syphilis, others of them were not so. Out of the great number of cases of phthisis on the one hand, and of syphilis on the other, which are constantly occurring, it is no wonder that we should sometimes meet with the two diseases coincidently in the same person; but, from considerable experience at the Brompton Hospital and elsewhere, he believed that syphilis was rather a barrier to the development of, than a cause of, phthisis.

Dr. W. R. ROGERS did not believe in a true metamorphosis of syphilis into other diseases, as phthisis, mania, &c., but considered the subsequent affections the indirect results only of the syphilis, owing to the debility caused by the latter; and he adduced illustrative cases.

Dr. TILBURY FOX thought that no one could gravely argue that syphilis "turned into" phthisis, &c. The history of diseases contradicted such a supposition. Phthisis and other diseases were described by Celsus at a period when no syphilis existed; and no syphilis was known in Syria until after the first French invasion, yet phthisis was common there. There are, however, some peculiarities as regards non-syphilitic diseases occurring in syphilitic patients: for example, chloasma is more chronic when it occurs in a person suffering from syphilis.

Mr. DE MÉRIC replied briefly to the various remarks which had been made owing to the late hour to which the discussion had been prolonged.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 6TH, 1866.

DR. PEACOCK, PRESIDENT.

A REPORT was read by Dr. Wilson Fox and Mr. Hulke on a case of Tumour of the Choroid recently exhibited by Mr. Z. Laurence, which they believed to be cancerous.

It was agreed to nominate a Committee to report on the subject of specimens believed to be cancerous, the Council to draw up the instructions for this Committee.

Mr. MOORE exhibited a specimen of Dermoid Cyst of the Ovary. The history of the cancer was given, from which it appeared that the cyst contained a large quantity of putty-like matter (seven pounds) and hair, along with a fleshy mass which contained a number of teeth. Numerous smaller cysts lay external to the large one, containing putty-like matter and hair, and several of these had no connexion with the main cyst, but lay adherent in various parts of the abdomen. None of these contained any fleshy matter or hair. Mr. Moore's idea, relying on Dr. Woodham Webb's observations, was that these smaller cysts were really ova, which had escaped from an enlarged ovisac, and had contracted adhesions in various situations.

Dr. CAYLEY exhibited a specimen of Cancerous Tumour of the Stomach. Vomiting of blood had occurred two years before, and on post-mortem examination a depressed cicatrix was found on the cancerous tumour from the previous attack of hæmatemesis. Other parts of the tumour were sloughing.

Dr. PAVY showed a specimen of Urine containing Hæmatine from a case of intermittent hæmaturia. Dr. Pavy made some observations on the nature of this affection, in which he was followed by Dr. H. Greenhow, who agreed with him that the affection was not of a malarious nature, but due to simple exposure to cold.

Mr. NUNN exhibited a Tumour removed from the top of the shoulder. Before removal it strongly resembled a malignant tumour, but on section it turned out to be of a purely fibrous nature.

Dr. GIBB exhibited a specimen of Primary Carcinoma of the Larynx, involving the Epiglottis, from a man aged sixty-six, who had been a patient under his care at the Westminster Hospital. When first seen, in April last, the disease had been existing seven months. The laryngoscope revealed deep, foul, sloughy ulceration at the back of the tongue on the right side, cutting through the epiglottis, and destroying all but a pencil-shaped process. The right side of the pharynx was involved, and large and painful glands were present in the parotid region of the same side. The voice was good, the vocal cords were normal, and there was no dysphagia. Under treatment he improved; the ulceration became less, but the pain was more or less persistent. By the end of June he was more comfortable. Later, severe throat-cough set in, with expectoration, which irritated and harassed him, and appeared to resist all treatment. He died suddenly, from exhaustion, on the 21st September. The lungs were healthy, and the disease was confined to the larynx, chiefly involving the right regulator of the glottis (false vocal cord) and the arytenoid cartilage of the same side. The disease was clearly primary, and tracheotomy might have prolonged life for a time by alleviating the distressing and exhausting cough, which proceeded from the throat.

Dr. MOXON brought forward a case of Cancer of the Heart and Thyroid Gland, from a woman who had been under the care of Mr. Cock for a tumour of the root of the neck. She had much pain in the præcordia, but no other (known) heart symptom. On post-mortem examination, besides a considerable deposit of soft cancer external to the thyroid body, there were two scirrhous nodules (which had apparently existed for ten years, according to the history) in the substance of the left lobe of the thyroid body. The cancerous masses in the heart were many of them attached to the endocardium, and coated by matter much resembling the ordinary "polypi." These, however, were found to be continuous with cancerous masses deposited in the substance of the heart. The conclusion was, that fibrinous masses were collected around exposed cancerous masses.

Dr. C. BASTIAN produced a preparation of Primary Cancer of the Bladder and Ureter.

The last four specimens were referred to a committee, consisting of Dr. Wilson Fox, Mr. Hulke, and Dr. Cayley.

Mr. HOLMES exhibited a portion of the Shaft of the Fibula removed from beneath the periosteum after diffuse periostitis.

Dr. SCHULHOF exhibited a specimen of Pelvic Abscess which had burst into the cæcum.

Dr. TILBURY FOX showed a microscopic specimen of Favus from the paw of a Cat. It seems that the cat had infected three ladies and a servant with tinea tonsurans from touching, and some of them from rubbing, its paw. The medical attendant had also voluntarily inoculated himself, and had produced an eruption of tinea tonsurans.

Mr. BRUCE exhibited a cast of a Tumour connected with the Shoulder-joint, which was of such large size that no operation was performed, and the girl (aged twenty) died of exhaustion, connected with ulceration of various parts over the tumour, which was found to be of an enchondromatous nature. The viscera were healthy, except two nodules, like cancer, in the liver. The growth seemed to have originated in the scapula, which was completely destroyed; the clavicle also was much affected. The masses in the liver resembled cancer as much by their microscopic as their naked-eye appearances. The patient had suffered spontaneous fracture of both legs, the bones and muscles from one of which were exhibited (This specimen was also referred to the above committee.)

Dr. BALLARD showed a specimen of Intussusception at the Ileo-cæcal Valve, and a Salivary Calculus.

SIZE OF ARTERIES IN PEDICLES OF OVARIAN CYSTS.

To the Editor of THE LANCET.

SIR,—There were two statements, made by speakers during the ovariotomy discussion at the meeting of the Medico-Chirurgical Society,* which are so astounding that I venture to inquire whether they really meant what they said, or if the apparent absurdity is due to some error of the reporter.

Mr. Philip Harper mentioned the occasional occurrence, in the pedicle, of vessels as large as the femoral artery or larger! Dr. Routh endorsed this pathological assertion. I need not remind your readers what is the calibre of the femoral; and what the influence on the circulation would be if a single vessel of this size were thus heterogeneously developed.

Dr. Routh stated that, in some cases of ovarian operation where the subjects were very fat, the actual cautery could not be used, "the fat taking fire on the application of the red-hot iron." He bases his authority on experience; and I should very much like to know when and where and under whose hands he has ever witnessed the occurrence of such an amount of fat in the pedicle itself (to which alone the cautery is applied) as to justify his assertion.—I am, Sir, yours &c.,

November, 1866. Q.

* THE LANCET of Nov. 24th, pp. 579-79.

THE LANCET.

LONDON: SATURDAY, DECEMBER 1, 1866.

NOTWITHSTANDING the present unpopular and most unsatisfactory condition of the Army Medical Department, which must be apparent to even the cursory reader either of the general or the medical press, we think that there are various indications of a better time coming for the Department. We wish in our present remarks to direct its attention and that of the profession to one circumstance, which, if rightly used, may contribute more largely than any other to the advent of this better time.

In a few months hence, we believe, expires the term of office of the present Director-General, Sir JAMES GIBSON. Our readers will be aware that of late the Director-General has been appointed for a limited time—seven years. We need scarcely say that the profession generally, and the medical department of the army in particular, will await with intense curiosity and interest the action of the War Office in reference to this vacancy. General PEEL will not have many more responsible duties to discharge than the nomination of a Director-General. Upon the choice made it largely depends whether an army career is to be once more popular with the best students in our profession, and whether, on the occurrence of another war, we are to avoid a break-down in the medical department of the service, which would be more disastrous and discreditable than anything which has yet happened either in the Crimea or China or Bermuda. It is well, indeed, for the credit of this branch of the service that at present our foreign relations are satisfactory.

It may be taken for granted that there will not be a reappointment of the present Director-General. We do not attribute to him any more than his fair share of responsibility for the present state of the service. Many of the faults of it may probably be traced back to the time when the Director-General's office was held in permanency. But the experiment of periodical appointments is now being tried. It is quite possible that such an appointment may be made as would, at the expiration of another seven years, warrant a reappointment of the holder. The contentment of the medical service, the good sanitary condition of the troops, and the general respect of the public and of the profession for the department, might make such a reappointment a duty. It will not be maintained that such a state of matters exists now. This may be Sir JAMES GIBSON's fault, or it may not. We are not concerned to settle this point. But we hold that the general condition of the army is such by universal consent as to indicate the duty of allowing another man of standing in the medical department to try his hand at the head of medical affairs. That this course will be pursued is the more probable, as, according to rumour, the health of the Director-General is not good, and is such as to be much more likely to be benefited by rest than by reappointment.

The reappointment of Sir JAMES GIBSON being, then, improbable, it only remains to ransack the department for a suitable successor. It may here be remarked that in recent appointments there has been no slavish following of the principle of seniority. That principle was not observed in the selection of the present Director-General, when perhaps half-a-dozen men of senior standing were passed over. Still less was it followed in the appointment of Mr. ALEXANDER, who really represented the principle of progress in the department. In his case probably a score at least of seniors were passed over. It would be unpardonable indeed at any time, and especially now, at the present crisis of the medical branch of the service, were the War Office to be guided by any other feeling than a conscientious wish to find and to appoint the best man that can be found. We have little reason to think that the Office will not act upon the highest and purest public motives. General PEEL is rather puzzling us by his delay in the matter of the missing Warrant; but he has to an enviable degree the confidence of our profession and of the department itself. He is surrounded by men like Captain GALTON and Dr. SUTHERLAND, who have reputations for having the well-being of the army at heart, and for eagerly appreciating the suggestions of one who represents the intelligent humanity of the country in everything appertaining to the welfare of the British soldier. We are quite disposed, then, to believe that the War Office will only be anxious to make the best possible use of the opportunity which is about to occur of making the best appointment. Nothing but the appointment of an inferior man shall shake our faith in its intention to do rightly in this matter.

It would be a very invidious and disagreeable procedure to discuss the various claims of men who from their position and character may think themselves entitled to this appointment. We are happily not under any necessity to do this. High up among the men from among whom, by all the rules of the Department, a Director-General must be appointed, is one conspicuously fit for the position, who in his long and varied service in Malta, in Bermuda, in the Crimea, in India, in China, and in Canada, has shown the possession of every kind of ability. In our notice of the Army Blue Book of last year we had occasion to remark upon a paper on Pneumonia by Dr. MUIR, Inspector-general, C.B., written in the true spirit of a philosophical physician, and with the keenest appreciation of the present condition of medical science. The expedition to Pekin in 1860 was, in a medical point of view, one of the most satisfactory expeditions on record. It called forth the encomiums of Lord HERBERT and of Parliament. The credit of the medical success of that expedition in an unhealthy country, where we have lately had such different experience, is confessedly due to the medical and administrative ability of Dr. MUIR. We can imagine no way of doing such a service to the Department as by the appointment of a Director-General with a clear judicial mind; with the power of influencing others, and of inspiring them with esteem and confidence; one who would be able to vindicate in all proper ways the claims of the Department and of its members; and who, by his administrative and medical qualities, would be likely not only to maintain the highest health practicable among the troops, but to make the experience of the army everywhere contributive to the furtherance of medical and sanitary science. We believe that Dr. MUIR answers to this description, and that, as much as any man, he represents the spirit and views of

Mr. ALEXANDER, whose premature death must be esteemed as a great misfortune to this Department. There is one other circumstance in Dr. MUIR'S history which has a most important bearing on the question of his fitness for the office under discussion. He is Inspector-General in Canada. The recent Report of the Army Medical Department states that Dr. MUIR visited, during the late war, the camps of the United States' army, and that he is preparing an official report of this visit. Dr. MUIR has, doubtless, informed himself of the best results of the experience of the medical department of the American army.

This is no time for personal flattery; but it is a time for the earnest expression of opinion. We know nothing of Dr. MUIR but what may be gathered of him from the records of Parliament and of the Army Medical Department; but we should not be true to the claims of the service on the one hand, or of a most meritorious officer on the other, if we did not speak out now. We believe that such an appointment as that indicated would do more than any other step to restore the efficiency of the Medical Department, and that in making it the War Office would have the approval of the public, of the Medical Department, and of the profession at large.

THE letter from "Medical Tutor" in *The Times* of Monday last, reflecting upon the conduct of the medical students of London, requires notice and refutation, since its statements are both false and libellous. We do not believe that any medical tutor in the true sense of the word—one, that is, who really *teaches* medical students—could have written the letter in question. It may possibly have emanated from some superficial and disappointed teacher who finds that his pupils see through his shallowness, and treat him and his instruction with disrespect; but the real teachers in the London schools, the men who are looked up to and beloved by their pupils, know their men better than to indulge in such silly abuse.

The two instances of misconduct to which the writer alludes were not of so gross a nature as was at first stated. The so-called outrage at St. Mary's Hospital had its origin in the brain of a spiteful "penny-a-liner," and has been fully explained. The "ruffianly scene" at St. James's Hall was the expression of mere boyish excitement, and did not greatly interrupt the fair lecturer, the noise for the most part being before and after the lecture; and though no justification can be offered for the disorderly conduct exhibited afterwards at the Music Hall and the next morning at Marlborough-street, it is by no means proved that the delinquents were all medical students. Even if they were, it is rather a sweeping measure to condemn the thousand and more students of medicine in London for the folly of twenty at the outside.

The "Medical Tutor," however, not only attacks the students, but rails against their teachers in no measured terms; accusing them of want of veracity in granting certificates, and of tolerating "the grossest misconduct, the most open impertinence, and the lowest ruffianism, for fear of driving men away to other schools." Never before, we believe, was such an unfounded statement made, or such a wanton charge brought against men of the highest ability and honour. So far from the system of careful supervision of students being relaxed in the present day, we know that more care and attention are devoted to them than formerly, and that discipline is enforced with an unsparing hand when misconduct even of a venial character calls for interference on the part of the authorities of a medical school. At most of our schools a "dean" is responsible for the general well-being of the establishment, and he keeps a sharp watch over inattentive or mischievous students. We happen to know that at one of our metropolitan schools some little disorder on the occasion of the opening of the present session led to the rustication of one at least of the students concerned; and we believe that the records of all the schools would give instances (few and far between, we are happy to believe) where similar misconduct has received its merited reward.

The writer of the letter displays his ignorance of the whole question on which he writes when he speaks of the danger of "driving men away to other schools." If he be indeed a "tutor," he must know that medical students cannot be easily driven away to other schools, for the simple reason that, having paid their fees to the school of their choice, they cannot afford to sacrifice those fees and to enter *de novo* elsewhere. The mere delay in obtaining a diploma resulting from rustication is a severe blow to the prospects and pocket of the student in many cases; and certainly there is no probability of a rusticated pupil migrating to another school, since the authorities would surely ascertain his antecedents and refuse to receive him. We occasionally hear of eccentric men who have entered for a year at one school and then have passed on to another; but this is quite a rarity, the majority of students abiding steadily in their original *alma mater*.

A combined action is frantically called for, and aid is invoked—to do what? To do that which is a matter of daily discipline and routine—to enforce due attendance on lectures and hospital practice, and to eliminate black sheep out of the flock. We cannot help suspecting that advantage has been taken by some enemy of the profession of the accidental concurrence of two medical-student scandals to found a general attack upon the medical profession in the persons of its younger members. We should like to know when he was last in a dissecting-room, and of what nature the "little more decency" is which he wishes to be enforced there. For our own part, we believe that all our dissecting-rooms are models of good management and studious methodical arrangement, and we indignantly rebut the malicious charge made against them and the teachers of our medical schools.

Medical Annotations.

"Ne quid nimis."

THE FELLOWSHIP EXAMINATION.

ONE of the biennial examinations for the Fellowship of the College of Surgeons has just taken place, and has resulted, we believe, in the addition to the College roll of nine new Fellows out of the twelve candidates who presented themselves. We are very glad to find that the standard of the questions is equal to, if not above, that of former years, and though we still believe that the system of reading over the papers by the Examiners might be improved, and their estimation of the merits of the candidates rendered more exact by the use of a system of "marks," we need not insist upon that part of the subject any further at the present time. With regard to the practical operative part of the examination, however, we have

heard serious complaints both on this and on former occasions, due to the fact that the candidates are called upon to operate upon the dead body by a gas-light of a very indifferent quality, since the chandelier is in the middle of the theatre, and it is not easy, or indeed in some cases possible, to avoid standing in one's own light, to say nothing of the assistance in the same direction afforded by the supervising Examiners. In fact, as at present managed, the operations are no test of a young surgeon's ability or knowledge, for it is quite a chance whether he finds the vessel he is seeking or not, and still more problematical whether the bystanding Examiners will agree with him that it is the vessel which he has upon his needle. Some Examiners really seem to think it the safest plan to "deny everything"! Four years ago a Fellow, who then passed his examination, sent a quiet and respectful remonstrance to the Court of Examiners, pointing out the unfairness of the operative test as at present applied, and particularly complaining of the system of undertoned remark carried on by some of the Examiners during the performance of the operation—undertoned, it is true, but quite loud enough to reach the ears of the operator, and to annoy, if not to discompose him. A surgeon operating for his Fellowship Examination has a right to expect as much consideration and respect as though he were operating upon a living patient in an hospital theatre, and should be allowed to complete his performance before any remarks or interference are permitted.

This is the last occasion of the Fellowship examination under the old system, for next May the new bye-laws will come into force, by which the practical inspection of patients will be introduced as a part of the ordeal, together with other beneficial changes in the examinations. The division of the anatomical and physiological from the pathological and surgical examinations, however, which is supposed to be an advance, is simply a retrogression. A student will be able to present himself for the first or anatomical portion of his examination at the end of his third winter, when he will have to pay a fee of five guineas. He will not be able, however, to go up for the second or surgical portion until he is twenty-five, and we need hardly say how great the chances are against his doing so, since in four or five years he may, not improbably, be settled at the antipodes. Still the College will have gained five guineas which under the old regulations could not possibly have come into its coffers.

But putting the pecuniary question entirely on one side, we do not see the necessity or propriety of dividing the examination. Upon the undivided system from eighteen to twenty new Fellows have been annually added to the list, and these have been men of more than average attainments—men who have either kept up their anatomical and physiological knowledge, or have taken the trouble to work it up anew. Under the new system no such labour need be undertaken. A student may dismiss anatomy altogether from his thoughts at the end of his third winter, and may come up professedly ignorant of the subject, but he will still gain his diploma as a Fellow of the College and partake of all the privileges of the order. The absurd restriction of the Fellowship to students of a London school is rightly abolished, but there is no reason for the subdivision of the examination, which is an injustice to those who have passed under the old system.

YELLOW FEVER AT THE MOTHERBANK.

THE questions raised between the public and the principal quarantine authorities—the Lords of the Privy Council—by the manner of detention of the *Atrato* and her passengers in quarantine at the Motherbank have been brought to an issue sooner than could well have been anticipated. Scarcely had this ship been declared free from infection, and her passengers permitted to land, when another vessel, the *Tyne*, entered Southampton water, with yellow fever on board. The *Tyne*, a steamship belonging to the Royal Mail Company, left St. Thomas on the 3rd November. In the course of the voyage homeward yellow fever broke out amongst the crew. Eight seamen were attacked with the disease, of whom four died; two were under treatment when the vessel reached Southampton on the 24th November, and two had returned to duty. Five cases of remittent and intermittent fever had also occurred among the crew.

Fortunately the interval between the arrival of the *Tyne* and the release of the *Atrato* was sufficient for the Privy Council—influenced, no doubt, by the sharp criticisms to which the measures were subjected which had been applied to the latter vessel—to arrive at a better knowledge of the requirements of a stringent quarantine against yellow fever. Ignorance cannot be pleaded for the blunders committed with respect to the *Atrato;* for not only had the question of quarantine been recently discussed in a masterly manner—*apropos* of the outbreak at Swansea in 1865—by their own medical officer, but there was also for their guidance the regulations of the French Government concerning the remarkable outbreak of the disease at St. Nazaire in 1861, and the valuable remarks of Mr. Simon thereupon. That the precise teachings of the two outbreaks of yellow fever which alone have occurred in European soil should have been set aside for the ignorant regulations of an exploded system of quarantine on these coasts, speaks, on the one hand, little for the confidence of the Lords of the Council in the more advanced knowledge of medical science; or, on the other, much for their yielding to that vague and almost instinctive but ill-regulated fear which possesses the uninitiated in presence of a deadly disorder.

At St. Nazaire, in 1861, the healthy as well as the sick were immediately removed to other ships set apart for their accommodation, and the period of observation was limited to from three to seven days, according to circumstances. And these rules have again been put in force at St. Nazaire; for while the *Atrato* was still in quarantine at the Motherbank, a ship (the *Empress Eugénie*) from Vera Cruz entered the French port infected with yellow fever. Six or seven deaths from the disease had taken place on the passage. The crew, as most exposed to infection, were subjected to a detention of seven days, dating from the purification of the ship (about the 22nd); the passengers to a detention of five days, dating about twenty-four hours after the arrival of the ship in port. Both crew and passengers were removed to the health ship (*navire lazaret*), no sickness prevailing among them at the time.

In the case of the *Tyne*, now at the Motherbank, while the sick have been removed to the quarantine hulk *Menelaus*, a vessel, the *Œolus*, has been sent for the accommodation of the healthy passengers and seamen from Portsmouth. This is a step in the right direction; and it is to be hoped that another step will be taken, and that the period of detention to which the healthy are to be subjected will be brought somewhat more to an agreement with the French practice than was the case with the healthy of the *Atrato*. There was little excuse for the ill-considered measures to which the passengers of that ship were subjected. A repetition of such measures in the case of other ships would be a public scandal.

The successive introduction of yellow fever into one of our principal ports, while rendering necessary, after the outbreak at Swansea, the revival of stringent measures of quarantine, renders it also equally requisite that the legitimate means for carrying out the quarantine with the least hardship to the individuals affected by it should be provided.

HONOURS AT THE UNIVERSITY OF LONDON.

WHATEVER objections may be urged against a system of class prizes in the subjects of study pursued by medical students, none such can apply to those far higher distinctions which are obtained at the University of London. A man of very moderate ability who chooses to concentrate his attention upon a special subject, to the neglect of all others, may almost ensure

the attainment of such a mild object of ambition as a class prize represents in a medical school. But it is peculiar to the honours' list of the University of London that the names included in it are always those of students well known as hard-working, "practical" men. They are men who seek and obtain the best offices at the hospital, who pervade the wards, and who are known to the physicians and surgeons as clinical clerks whose information about a patient's case may be thoroughly depended upon. Those who do not appreciate the peculiarly practical character of the examinations at this University are often puzzled to understand how men who are constantly about the hospital and are never seen to read can compete successfully with bookworms who eschew the bedside. It is this practical character which constitutes the peculiar value of the University distinctions, and which gives them into the hands of men who, in their turn, reflect credit upon the honours. In glancing at the Second M.B. list just published, we find good illustrations of this point. Dr. Charles Kelly, who carries off the scholarship and gold medal both in Medicine and Midwifery, was lately physician-accoucheur's assistant, and previously house-physician, to King's College Hospital. We have on several occasions availed ourselves, in the "Mirror," of his admirable notes of cases. Dr. C. W. Philpot, who obtains the gold medal in Medicine, has just ceased to be house-physician at the same hospital. Dr. G. O. Spencer, of University College, who takes the highest honours in Forensic Medicine, and Dr. Stephen Bushell, of Guy's Hospital, who is second, are especially well known as indefatigable workers in the wards of their hospitals. In the list generally are several gentlemen whose reports of cases have appeared in the columns of our "Mirror." We congratulate all of them upon their well-earned laurels, which, they may have the satisfaction of reflecting, have been gained by a mode of study well adapted to render them accomplished and successful members of the profession.

SUBJECTS FOR DISSECTION.

THE following paragraph appeared in our contemporary, *Public Opinion*, of the 17th of November:—

"Some difficulty having been experienced at Queen's College, Birmingham, in procuring subjects for dissection, an application was recently made by the Professor of Anatomy to the guardians of the West Bromwich Union for the bodies of all unclaimed paupers who might die in the union infirmary; but the application was negatived, after discussion, by a majority of nine to five. *And very proper that such an application should be refused.*"

We regret to find a respectable newspaper expressing such a sentiment as that given above; and were it indeed the "public opinion," the race of well-instructed medical practitioners must soon come to an end. Our contemporary is, no doubt, unaware of the provisions of the "Anatomy Act," which was passed some thirty years ago specially to provide the means for dissection, and to put a stop to the system of body-snatching and burking which had arisen in consequence of no such provision having been made. Under this Act it is rendered legal, though not compulsory, for the lawful custodians of unclaimed corpses to give them up to a Government officer appointed for the purpose—the Inspector of Anatomy,—by whom the bodies so given up are distributed for dissection among the various medical schools. The Government supervision does not cease here, however; for it is requisite that all bodies shall be buried with the usual ceremony within six weeks of their death, and certificates of the burial must be transmitted to the inspector.

Since great care is taken by Government to facilitate the supply of subjects for dissection, and to superintend its performance, we are at a loss to understand why boards of guardians (and not at West Bromwich only) should take up a position hostile to the best interests of the medical profession and the public. It can hardly be needful, in the present day, to argue anew the necessity for dissection in order to fit a medical student for his duties in after-life; and no one, we imagine, would wish to return to the days of Burke and Hare, or give up the present orderly and legalised system which works well as it is, and would work perfectly but for the obstinacy of a few boards of guardians like those of West Bromwich.

THE "HEALTHINESS" OF LONDON WORKHOUSES.

CERTAIN arguments have been recently put forward, with regard to the amount of cubic and floor space that is really needed in the metropolitan workhouse infirmaries, which require some notice from us.

Chief and foremost of the new arguments against a really liberal scheme for reorganising the workhouse infirmaries is the amazing discovery that there is no particular prevalence of "hospital" infectious diseases—e. g., pyæmia, hospital gangrene, erysipelas, &c., and no evidence of an excessive mortality in these establishments. "*Ergo*," say the authors of this supposed revelation, "things must be all right, and there is no need for the extravagance of a double allowance of cubic space."

We must protest, however, against the idea that these facts are at all new, or that they import into the question any fresh considerations. Our Commissioners have fully acknowledged their existence, though they have not drawn the unwarranted inference (as we think it), which is now sought to be extracted from them. How many times must we repeat the fact that a low mortality is *per se* no proof whatever of the healthy condition of an infirmary? Must we again explain that the so-called special "hospital diseases" hardly *could* arise, under ordinary circumstances, in workhouse infirmaries, owing to the almost entire absence of those large surgical wounds which are found in such numbers in our great voluntary hospitals? Is it necessary to show that the small mortality of lying-in cases in workhouses, and the absence of puerperal fever, of which so much is now being made, is merely an exemplification of the well-established fact that parturient women are more injuriously affected by being collected together *in large numbers* than by almost any other species of mismanagement?—and that the workhouse lying-in wards owe their immunity to the small number of cases which they receive? When these considerations are noted, and when we further recall the fact that infectious zymotic diseases are, as far as possible, sent away from the workhouses, it is obvious that a high degree of preventable mortality would be almost impossible in the London workhouses; and, in fact, our Commissioners expressed the opinion, in their first general report, that such as did occur are almost limited to the young children, for whom the nursery arrangements of some workhouses certainly do not provide a proper nutrition.

The charge against the salubrity of the London infirmary wards was, and is, that they are habitually the repositories of foul air, and that they are so small and ill-constructed that effective ventilation is impossible without creating dangerous draughts. This much is amply proved, and in reality it is all that the reformers are in any way bound to substantiate when they demand a large increase of cubic space. But a great deal more than this can, in fact, be proved. It is shown, namely, by the history of the Strand Infirmary, that a certain reduction of the usual limited allowance of space to the patients in that building has repeatedly caused severe outbreaks of typhus fever. Now, if the reduction of cubic space to 350 feet was sufficient to produce this extremely dangerous consequence, who will be bold enough to say that a less impurity, which involved sensible foulness, but might not suffice to bring about this particular catastrophe, would not nevertheless exert a mischievously depressing influence on health? The workhouse infirmary is, above all things, the place in which unfortunate men and women who have been pauperised by acute illness should be as rapidly as possible restored

to the status of working citizens. It is inconsistent with everything that we know of hygiene to suppose that such happy results can be obtained with any fair degree of frequency unless the patients have the advantage of a free yet inoffensive ventilation, which cannot be obtained without a liberal proportion of cubic and floor space. It is useless to urge, as has been done, that some medical officers of workhouses profess "that their cases do well," since to confess the contrary would appear to many of them a reproach upon their own treatment. There are no statistics whatever to decide whether or not convalescence is retarded by the evil sanitary conditions prevailing in the infirmary wards, though the probabilities are strong that this is actually the case, and more than one workhouse medical officer has expressly affirmed his conviction that this result does occur. The *onus probandi* clearly rests on the antagonists of the proposed reform. But we maintain, as we have always done, that on the mere grounds of humanity and decency the State authorities are bound to put an end to a system which is in itself bad, inasmuch as it recognises and takes under the patronage of the Government the habitual infringement of the best-known laws of health.

DEATH AND RAIN.

RAIN, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rainfall. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhœa. To the same effect are the tables given by Mr. Macpherson, illustrating the relation of moisture to the mortality from cholera in Calcutta. According to these tables the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months. An interesting contribution to the determination of the relation of rainfall to mortality is to be found in the *Builder* of Nov. 24th, by Mr. G. A. Rowell. We subjoin the statement of Mr. Rowell, which, it will be seen, refers to Oxford:—

"From 1857 to 1865 (both inclusive) there have been seven years in each of which the rainfall at Oxford has been plus or minus the annual average of the whole period by at least four inches; and the following table will show how erroneous the opinion is that Oxford is rendered unhealthy from its low situation, and from its neighbourhood being liable to floods:—

	Rain per cent. in excess of average.	Death-rate in Oxford per cent. below the average.
1848	20·5	4·8
1852	39·8	8·3
1860	12·2	5·8
	Rain per cent. below the average.	**Death-rate per cent. in excess of average.**
1851	16·2	10·9
1854	32·7	36·6
1864	18·6	9·4

"In 1858 both rainfall and death-rate were below the average, the per-centage being:—

Rain.	Death-rate.
16·2	10·4

"During the last four quarters—i.e., from September 30th, 1865, to September 30th, 1866, the rainfall in Oxford has been 34$\frac{6}{10}$ per cent. in excess of the average of the nineteen years, and the death-rate has been 15$\frac{4}{10}$ below it.

"The last quarter's death-rate in Oxford was only 14 in 1000 persons. This rate is unusually low, but it is not unfairly affected by the University, as the census in 1861 was taken during the Easter vacation."

It is obvious that a great deal more of detail is necessary, in reference both to the meteorology of these various years and to their mortality, in order to give precision to any conclusions. But Mr. Rowell's statement shows one thing, at least—that you may have a very high mortality with a very low fall of rain, and a low mortality with a very great excess of rain. The high mortality of 1854 was due, if we are rightly informed, to cholera. It is interesting to notice that in that year the rainfall was 32·7 per cent. below the average, while the mortality was 36·6 in excess of the average. It is quite probable that the comparatively small mortality from cholera this year, with which hitherto we have escaped, is due to the excessive rainfall of the summer and autumn months. We congratulate Oxford on a death-rate of 14 in the 1000 in the last quarter.

A NEW FEVER HOSPITAL.

FROM a letter which we publish in another column it will be seen that the idea of establishing a Fever Hospital for the East-end of London (to which we referred on Nov. 10th) is taking firm hold, and is likely to be developed into a most beneficial scheme. We understand that promises of support have flowed in from persons of great influence. Besides the memorial which appears in our columns, others have been sent by the medical officers of health for the Eastern districts, by the Shoreditch Vestry, and by the Hackney Cholera Relief Committee. The natural and spontaneous origin of the idea is very much in its favour. On the one hand, there is a great and very evident want of accommodation for fever cases; and on the other, there is a Committee which has already proved its power in the rapid organisation of an admirably managed hospital for cholera cases. Gratitude has been described as "a lively sense of benefits to come." It is natural, then, that this body should be looked to for continuing in another form the benefits which it has already provided for the Eastern districts. And if, as we understand, the Committee is willing to undertake this work of usefulness, it is impossible to imagine a more favourable opportunity for the founding of an institution calculated to be of immense service to the public generally. Incidentally, there can be no doubt that the establishment of a convenient hospital for fevers and epidemic disorders in the East-end of London would materially facilitate the work of Government in carrying out reform in workhouses. It is worthy of note that the scheme is equally supported by representatives of all classes of theological opinion.

PNEUMATIC OCCLUSION.

AT the Academy of Sciences in Paris, M. Guérin has been reading a paper upon the use of an apparatus for keeping the skin free from the contact of air—pneumatic occlusion, as he calls it. His plan includes—1st. An exhausting air-pump. 2nd. Vulcanised caoutchouc "mufflers" (*manchons*) of suitable form for the parts to be acted upon. The opening of the envelope has a diameter about two centimetres less than the diameter of the surface it is to surround, so that by means of moderate elastic pressure all communication with the external air can be cut off. Each muffler is furnished with one or more india-rubber tubes connecting the confined spaces with the receiver of the air-pump. 3rd. A number of envelopes made of some permeable material of varying thickness, which are to be placed between the impermeable muffler and the tegumentary surface, and are intended to facilitate the removal of vapour &c. by the air-pump. If the hand, for example, is to be acted upon, it is first enveloped in cotton-wool, then placed in the india-rubber muffler, which is closed by an elastic band round the wrist. The tube is then connected with the exhaustive receiver, so that when the tap is turned a vacuum is formed, and the enveloping membrane "glues" itself over the surface, and maps out, like a second skin, the form of the fingers, and the marks upon their surfaces.

M. Guérin expects by this plan to derive some interesting results in physiology, medicine, and surgery. He will be able, he thinks, to test by it how far the skin in the higher animals is an auxiliary organ of respiration; to what extent cutaneous respiration occurs; what influence is exerted by the contact of the atmosphere upon the production of animal heat and upon absorption; what are the gases and materials exhaled by the skin. If it be true that atmospheric pressure plays the most important part in the mechanism of absorption, we shall have the means of testing how far toxic agents are capable of entering the economy by the skin, or can be prevented from so doing by pneumatic occlusion. The study and treatment of dissection wounds, of inoculation of malignant pustule, of rabies, &c., will be aided, and possibly their effects combated, by the process. In surgery M. Guérin expects to convert open wounds into the condition, more or less, of subcutaneous injuries.

THE EPIDEMIOLOGICAL SOCIETY.

DR. E. GOODEVE, Professor of Medicine in the Medical College of Calcutta, First Physician to the Medical College Hospital in that city, and one of the British Commissioners at the recent International Sanitary Conference, will read, on Monday evening next, before the Epidemiological Society, a paper on the proceedings of that Conference, and on its great object—the protection of Europe from epidemic cholera. As yet, the profession and the public are very imperfectly acquainted with the deliberations of the Conference, and the probable and possible advantages to be derived from them. The reports of the Conference have to the present time only been published in part; the minutes of its proceedings have not yet seen the light. In addition, therefore, to the interest which necessarily attaches to the appearance of the distinguished Calcutta professor before a London audience, his paper will possess the peculiar value of furnishing an authentic account of the discussions of the Conference, of its suggestions and recommendations, and of the feasibility of the latter. Such an account is wanted, and the profession will be indebted to Dr. Goodeve for furnishing it.

It would be well that the general publication of the reports and proceedings of the Conference should take place before the alarm of the present epidemic has died out. Public interest in the epidemic, it is to be feared, will wane as rapidly as the malady wanes, and the wisest teachings fall dead on careless ears.

FRENCH PHILANTHROPY.

THE Paris correspondent of the *Daily News*, referring to the subject of infant mortality which has lately occupied the attention of the French journals, gives a striking illustration of the extent to which the excessive fatality of childhood may be reduced by proper attention to the requirements of nature. M. Jean Dollfus, one of the largest manufacturers in Alsatia, was shocked to find that the women employed in his factories lost 40 per cent. of their children in the first year, whereas the average mortality at that age in France is only 18. He came to the conclusion that a main cause of this frightful loss of incipient life was the necessity laid upon the mothers to resume work too soon after their confinement, and therefore, with the true grandeur of a merchant prince, determined to pay every woman in his service, who was brought to bed, six weeks' wages, without requiring any work for it. This was three years ago. The result of this philanthropic experiment has been the reduction of infant mortality in the district from 40 to 25. Six other houses have been so struck with the beneficial effects of M. Dollfus's system that they have resolved to adopt it, subject only to a modification—necessary, perhaps, in a commercial point of view, and wholesome as regards the independence of the workwomen. Seeing the immense benefit to humanity produced by M. Dollfus's charity, they recommend to all their *employées* to make themselves participants in the system by a subscription of three sous a fortnight from all women in their factories between the ages of eighteen and forty-five years. The premium is insufficient to cover the risk, but the masters undertake to make up the difference.

An example so good in every respect is well worthy of imitation in other countries. We need not go to France for instances of children dying in their first year at the rate of 40 or even 50 per cent. Mothers are called away to work long hours in the field or the factory quite as soon after confinement with us as elsewhere, and their infants suffer from just the same causes as moved the kind heart of M. Dollfus.

The plan of establishing a fund from the contributions of the women themselves, to be available for the support of the mother during an enforced abstinence from her work, as being of the nature of an insurance, is certainly preferable to any scheme of mere eleemosynary help; and if the mention of M. Dollfus's success induce any of our employers of female labour to give the experiment a trial we have little doubt that results equally satisfactory may be achieved.

NORFOLK AND NORWICH HOSPITAL.

THIS hospital, from being in a state of "visible decay," according to the *Norwich Chronicle*, has just been put into a state of very perfect repair. From the account of our contemporary we should gather that the hospital is one of the most pleasant and complete in the country. The ventilation and the sewerage are both very effective, and great pains have been taken to make the wards as cheerful and homelike as possible. Of course such changes have only been made at a great cost, which has brought forth the animadversions of at least one of the governors. But Norwich will not seriously complain of a liberal outlay over an hospital. She has a great hospital reputation, and her surgeons have had a success in operative surgery which has been almost unique. Birmingham lately raised for the Queen's Hospital on one Sunday—Hospital Sunday—£3866 in her chapels and churches. This is one example which Norwich may follow. But we may safely leave to the committee the ways and means of liquidating the debt upon the hospital.

DR. SAMUEL J. JEAFFRESON, of Leamington, has resigned his office of physician to the Warneford General Bathing Institution and Leamington Hospital, after twenty years' connexion with that institution, in consequence of what he regards (we think with justice) an indignity to which he has been subjected. "I have every reason to believe," he says, "that the committee of the hospital have adopted a system of registration of the non-attendance of the medical staff of the hospital." He subsequently states that, as president of the British Medical Association in 1865, he put the following question to the members for their decision, which question was not referable to any particular institution: "Whether it be consistent for physicians or surgeons of hospitals to sign, by the order of the managing committees, a return of the time they enter on their duties each day of attendance, the time of leaving, and the amount of professional labour performed." It was unanimously decided "that such registration is inconsistent with the position and dignity of members of the medical profession." Dr. Jeaffreson, in the last paragraph of his letter of resignation, says, "I think it must be palpable to every governor of the hospital that I should be worse than stultifying my professional position if under such circumstances I continued to retain my post of physician to your hospital."

Honorary medical officers to charitable institutions, who devote much time, labour, and skill in the cause of humanity, deserve the generous consideration of the managers of such institutions. If they are to be subjected to conditions and regulations similar to those which prevail with respect to journeymen tailors, tinkers, and such-like craft, it is quite

time that they should resist such an indignity, and follow the example of Dr. Jeaffreson by resigning a thankless and humiliating office.

OUR reports on the hygienic condition of Aldershot camp have attracted the attention of our leading contemporaries, who have mostly given a *résumé* of the conclusions arrived at by our Commissioners. The *United Service Gazette*, in noticing the first report, acknowledges the "moderation and reserve" with which it was written; a tribute that we may honestly accept, because it characterises the strictly judicial spirit in which the investigation was both conceived and executed. The *Pall-mall Gazette* remarks that "if THE LANCET succeed in bringing about hygienic reform at Aldershot, it will not be the least of the various good works for which that journal has been conspicuous." Further evidence in support of our animadversions on the treatment of the married soldiers in camp is supplied in the "grumble from one of the barrack-rooms of a certain depôt battalion" which appeared in last week's *Army and Navy Gazette*. The *Standard* points to the conclusions of the Commission as being "full of interest in their bearing on the momentous questions now under discussion affecting the British army." We shall be amply rewarded for our late efforts if we have contributed in some degree to put an end to practices, in dealing with the married soldiers, against which every natural feeling revolts.

THE Common Council of London is following slowly and charily in the footsteps of Glasgow and Liverpool in its notice of the evil of overcrowding, and its efforts to find a means of remedying or diminishing it. It has passed the following resolution: "That it be referred to the City Lands Committee to ascertain whether, by the expenditure of a part of the Corporation funds in the purchase of some of the worst portions of the property in the City, inhabited by the poorest classes of the community, some relief cannot be afforded without loss to the Corporation, and with a view to remedy the increasing evil of overcrowding in dwelling-houses in the City."

DR. LETHEBY has supplied the Registrar-General with a detailed statement of his practice, as health officer for the City of London, in regard to the several disinfectants used by him for the various purposes required. Dr. Letheby prefers chlorine and chloride of lime for the disinfection of sick rooms; carbolate of lime and carbolic acid for drains, middens, and sewers; carbolic acid, chloride of zinc, or chloride of iron, for evacuations; for stables and slaughterhouses, a mixed chloride and hypochlorite of zinc, which freely amalgamates with the liquid matters of the slaughterhouse without imparting unpleasant odours to the meat.

PROGRESS OF THE CHOLERA.

SLOWLY, but steadily, cholera would, as a rule, appear to be declining on the continent of Europe, in Great Britain and Ireland, and in the United States. As the winter approaches, the incidental accounts from many quarters of the continent, a short time ago so numerous and so frequent, have rapidly ceased to come in; and, on the old proverbial principle that "no news is good news," it may fairly be concluded that the news has ceased coincidentally with the declension of the epidemic below the point of public interest. Straggling and more definitive reports, and as such more satisfactory, confirm, with few exceptions, the impression fostered by the general absence of information. Intelligence of the 10th October states that the epidemic had almost entirely ceased in St. Petersburg, and that the daily returns would be no longer published. From Venice, on the 29th October, we learn that no cases had occurred in that city for three days; and that the disease had ceased in Trieste and the surrounding district. In Naples and throughout Italy, where the malady still existed it was steadily declining at the time of the latest news; and in Sicily it was not exhibiting much activity, although sufficient to throw a gloom over the island. At Berdiansk (Oct. 20th) there had been no cases for several days. In Bosna Serai (Oct. 20th) the disease still prevailed: since the 2nd October, 270 deaths had been recorded—or perhaps it would be more correct to say discovered, so imperfect are the returns. In Vienna, during the week ending the 27th October 135 deaths occurred from cholera; the numbers in the four previous weeks having been 672, 453, 521, and 304. In Holland, the decrease of the epidemic was marked: during the week ending the 13th October there were 377 cases and 241 deaths; in the previous week the cases were 456, the deaths 241. Intelligence from Constantinople, however, received last week, states that cholera has reappeared there, introduced from Solonica.

In Great Britain and Ireland the epidemic is also steadily but slowly declining. More than one day has passed (Nov. 15th) without a single death from cholera having been recorded in London; and the deaths during the week ending the 24th of November were only 8. During the preceding week the deaths from the epidemic in Dublin were 73; and in Edinburgh, the week ending the 10th, 36. The falling off in the English and Irish metropolis is conspicuous, as the following figures show:—

Week ending—	London.	Dublin.
October 20th... ...	144 ...	118
" 27th... ...	112 ...	118
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In Newcastle-upon-Tyne and the vicinity the outbreak is reported to be checked. In Liverpool the number of deaths from the epidemic fell to 14 in the week ending the 10th of November. The following are some of the latest returns of cases and deaths from infected localities in England.

Week ending the 3rd of November.—Unions. Anglesea: 5 cases of cholera, 2 of diarrhœa; 2 deaths from cholera. Bridgend and Cowbridge: neither cases nor deaths. Bristol Incorporation: ditto. Exeter Incorporation: 13 cases of cholera and diarrhœa; 4 deaths. Gateshead: 32 cases of cholera and diarrhœa; no deaths. Holyhead: 22 cases of cholera and diarrhœa; 5 deaths. Llanelly: 49 cases of cholera and diarrhœa; 10 deaths. Medway: 2 cases of cholera and diarrhœa; 3 deaths. Morpeth: 4 cases of cholera and diarrhœa; 4 deaths. Northwich: 3 cases of cholera; 3 deaths. Sunderland: 10 cases of cholera, 23 of English cholera, and 21 of diarrhœa; 7 deaths from cholera. St. Thomas's, Exeter: 7 cases of cholera, 1 of diarrhœa; 1 death from cholera. Toxteth-park (Liverpool): 50 cases of cholera and diarrhœa; 2 deaths. West Derby (Liverpool): 146 cases of cholera and diarrhœa; 16 deaths. Liverpool Parish: 7 cases of cholera; 1 death. Tynemouth: 82 cases of cholera and diarrhœa; 15 deaths. Houghton-le-Spring: 4 cases of cholera, 26 of diarrhœa; 3 deaths from cholera. Leighton Buzzard: 13 cases of diarrhœa; 3 deaths from cholera. Pontypridd: 4 cases of cholera, 103 of diarrhœa; 3 deaths from cholera, 2 from diarrhœa. Stockton: 66 cases of cholera and diarrhœa; 12 deaths. Ulverstone: 5 cases of cholera, 4 of diarrhœa. Newton Abbot: 38 cases of diarrhœa (5 choleraic); no deaths.

Week ending Nov. 10th, 1866.—Anglesea: 1 case of cholera, 15 of diarrhœa; no deaths. Hawarden Union: 5 cases of cholera and diarrhœa; 1 death. Edmonton: 2 cases of cholera and diarrhœa; 1 death. Liverpool Parish: 2 cases of cholera and diarrhœa; 2 deaths. Leigh: 2 cases of cholera and diarrhœa; 1 death. Toxteth-park (Liverpool): 53 cases of cholera and diarrhœa; 6 deaths. West Derby (Liverpool): 75 cases of cholera and diarrhœa; 8 deaths. Chester Incorporation: 2 cases of cholera and diarrhœa; 1 death. Carnarvon: 7 cases of cholera and diarrhœa; 1 death. Tynemouth: 35 cases of cholera and diarrhœa; 6 deaths. Gateshead: 44 cases of cholera and diarrhœa; 2 deaths. Stockton: 20 cases of cholera and diarrhœa; 2 deaths. Exeter Incorporation: 12 cases of cholera and diarrhœa; 4 deaths. Saffron Walden: 16 cases of cholera and diarrhœa; 3 deaths. Longtown: 12 cases of cholera and diarrhœa; 6 deaths. Sunderland: 10 cases of cholera, 21 of English cholera, 16 of diarrhœa; 4 deaths from

cholera, 1 from English cholera. Northwich: 2 cases of cholera; 1 death. Holyhead: 9 cases of cholera and diarrhœa; 2 deaths. Houghton-le-Spring: 2 cases of cholera, 19 of diarrhœa; 1 death from cholera. Pontypridd: 3 cases of cholera, 66 of diarrhœa; 2 deaths from cholera. Llanelly: 13 cases of cholera and diarrhœa; 3 deaths.

Week ending Nov. 17th.—Chester Incorporation: 6 cases of cholera and diarrhœa; 4 deaths. Exeter: 5 cases of cholera and diarrhœa; 1 death. Holyhead: 9 cases of cholera and diarrhœa; no deaths. Leigh: 2 cases of cholera and diarrhœa; 2 deaths. Sunderland: 6 cases of Asiatic cholera, 13 of English cholera, 10 of diarrhœa; 2 deaths from Asiatic cholera. Tynemouth: 9 cases of cholera and diarrhœa; 2 deaths. Toxteth-park (Liverpool): 20 cases of cholera and diarrhœa; 1 death. West Derby (Liverpool): 46 cases of cholera and diarrhœa; 6 deaths. Anglesea: 20 cases of diarrhœa; no deaths. Llanelly: 6 cases of cholera and diarrhœa; 2 deaths.

The quarterly returns of the Registrars-General for England, Scotland, and Ireland, and the monthly returns for the chief towns of Scotland, give a more accurate idea of the extent to which the epidemic has prevailed in Great Britain and the sister island.

The Registrar-General for England states that the cholera matter has evidently been diffused all over the kingdom; for in every county except Herefordshire and Rutlandshire deaths from cholera have been registered, and diarrhœa has prevailed to such an unusual extent as to imply the existence of some specific element. The total returns of deaths from cholera during the quarter ending Sept. 30th amounted to 10,365; the deaths from diarrhœa to 9570. Of the deaths from cholera, 4714 occurred in London, 1872 in Lancashire, and 1412 in South Wales. The epidemic prevailed, the Registrar-General remarks, "as on former occasions, in particular fields. The London cholera field, by extension down the Thames, reached Ramsgate. The second considerable field lies round the Solent, along the coast from Portsmouth and Southampton to Newport in the Isle of Wight. The Exeter field extended beyond Torbay to Totnes and Brixham. The Liverpool field extended to Chester, Wigan, and Bolton, but scarcely touched Manchester. The Swansea field was visited with extreme severity; and although the mortality was concentrated mainly in Swansea, Neath, and Llanelly, it was felt all over Glamorgan, Carmarthen, and Pembroke, as far as Haverfordwest. The epidemic has been most fatal on the sea-coast, in the chief ports of the kingdom."

The Registrar-General for Scotland reports that cholera made its appearance in Scotland in the last week of July; and before the close of the quarter deaths from the disease were registered in the following sub-registration districts and counties:—Aberdeen: St. Nicholas (Aberdeen), Fraserburgh, Pitaligo, and Rathen. Kincardine: Fettercairn and Nigg. Forfar: Brechin, Craig, and Montrose. Stirling: Falkirk. Lanark: Tradeston (Glasgow), middle district of Old Monkland, and Rutherglen. Edinburgh: North Leith.

The deaths from the epidemic in the eight chief towns during the month of October were as follows: Glasgow, 27; Edinburgh, 33; Perth, 4; Dundee, 88; Aberdeen, 22; Paisley, 1; Greenock, 7; Leith, 37.

The Registrar-General for Ireland states that, notwithstanding the outbreak of cholera in various parts of the country, the deaths *registered* during the quarter were 103 less than the number registered during the corresponding quarter of last year. It is particularly noted of several of the cases that the patients were labourers who had, just previous to their being attacked by the epidemic, returned to Ireland from infected districts in England.

Correspondence.

"Audi alteram partem."

"A MEDICAL TUTOR."

To the Editor of THE LANCET.

SIR,—*The Times* of to-day contains a letter, signed "A Medical Tutor," reflecting very gravely upon the system of discipline prevailing generally in the medical schools of the metropolis, and attacking, in a manner which is as insidious as it is false, the special school to which I have had the honour of being attached from the commencement of its working.

I will say nothing about the taste which induces a medical man anonymously to calumniate a body of honourable men. I refrain from expressing, in the terms that most naturally suggest themselves, the feelings prompted by the perusal of a "Medical Tutor's" wholesale condemnation of the system that has been pursued, and indeed with no little success, to elevate the tone and improve the status of the profession, and his attempts to cause the general public to think meanly of those who are to yield the chief supply of the future physicians and surgeons of this kingdom. Medical students doubtless have their faults as well as other men of their age and standing; nor are their instructors perfect or infallible. But from an intimate knowledge of our students I have no hesitation in asserting that it would be difficult to find any body of young men who, on the whole, have conducted themselves better, and reflected a brighter light on the school to which they belong than those of St. Mary's Hospital.

The fact that our school, the youngest of all, has for two years past occupied in the registration list the fifth position in the roll of London schools, is the best evidence in proof of the estimation in which it is already held. The insidiousness of the "Medical Tutor's" remarks consists in their being based upon a transaction, the report of which has been proved by the public prints to be essentially false—false in fact, false in its inferences. The faults which the "Medical Tutor" moreover sees in the whole system of medical education and discipline are especially guarded against at St. Mary's Hospital, as no certificates are signed but where the schedules bear the countersignature of the Dean in evidence of the student having attended at least two-thirds of the lectures delivered in each course—a fact which he verifies by an examination of the lists prepared at each lecture by the individual lecturer. The same system is carried out in hospital practice. I forbear to allude to other features in our system which might be brought forward to prove how anxiously this subject of discipline has occupied the attention of the School Committee of St. Mary's Hospital from its first institution.

But, Sir, it concerns the body of medical tutors of the metropolis closely to ascertain who among their number has offered this gratuitous insult to the medical lecturers and students generally, and those of St. Mary's Hospital in particular; and I hold it to be their duty—a duty which they owe to themselves no less than to the schools at which they officiate,—to show that they do not sympathise with a proceeding which no honourable mind can justify. The profession ought to know who it is that has dared to offer this wholesale insult, and thus drag into the mire of public contumely men of earnest purpose—men who have laboured unceasingly and to their utmost to place the young men intrusted to their care and tuition in the foremost ranks of their profession.

I would fain hope that the medical tutors of the metropolis, whose number is but limited, may take steps to show who among them has forgotten the first principles of ethics so far as to publish the letter alluded to, and to repudiate the code which justifies covert and slanderous attacks upon the profession in non-professional journals. Still more gratifying would it be could they prove that the letter has not been written by one of their number, but that it has emanated from one who has arrogated to himself what has hitherto been a high and unblemished title.

I am, Sir, your obedient servant,

EDWARD H. SIEVEKING, M.D.,
Physician to, and Lecturer at, St. Mary's Hospital.

Manchester-square, Nov. 26th, 1866.

P.S.—I have shown the foregoing letter to my friend and colleague, Dr. Sibson, who authorises me to add that he entirely concurs in the sentiments expressed.—E. H. S.

CLITORIDECTOMY.

To the Editor of THE LANCET.

SIR,—In your journal of the 17th inst. there appears a letter from Dr. West setting forth his opinions on the subject of clitoridectomy.

In his first proposition Dr. West says he has seen more of the diseases of young persons of both sexes than most members of the profession. This may be so, but I am not aware that he has seen more than myself, and therefore my opinion, as far as experience is concerned, may be as good as his.

Dr. West's second proposition is extraordinary. He says he believes "the injurious physical effects of masturbation to be

those of excessive sexual indulgence and no other." This being so, it follows as a corollary that Dr. West must also believe the *physical* effects of moderate masturbation to be the same as those of moderate sexual intercourse and no other. Dr. West will not find many converts in the profession to this opinion. Nor would it be for the welfare of society that such a belief should prevail; the fear of the injurious *physical* effects of masturbation has in many instances a most wholesome deterring influence.

Dr. West's third proposition is entirely opposed to the evidence of those who have paid much attention to psychological studies, and who have possessed the advantage of extensive observation among the insane—to wit, Drs. Forbes Winslow, Stillwell, Seaton, Maudsley, Drysdale, Holmes Coote, and others. The latest medical opinions are quite opposed to Dr. West's view. So recently as the 18th of October, in a discussion on a paper read before the Harveian Society, by Dr. Maudsley, "On some of the Causes of Insanity," it was brought out that there was no cause of insanity so common as self-abuse. The late Dr. Helps told me that, of the cases of insanity in the Royal Bethlehem Hospital, in three-fifths of the women and four-fifths of the men the disease was due to masturbation; and I have the evidence of the resident physician of a provincial lunatic asylum to the effect that with the exception of those whose mental aberration was hereditary, and the cases induced by drunkenness, nearly all the rest could be traced to the pernicious habit of masturbation. We cannot say much therefore for Dr. West's faculty of observation, if it be true, as he states, that he has never seen any instance in which hysteria, epilepsy, or insanity in women was due to masturbation. But, if I am correctly informed, Dr. West has had under treatment a lady afflicted with hysterical fits of an epileptoid character, which he attributed to masturbation, and for the relief of which he applied caustics to the clitoris without any good results. He then recommended the lady to come to London for the purpose of undergoing the operation of clitoridectomy. Further, in another case brought to me by an eminent physician in London, Dr. West had given his opinion to the effect that that case was a suitable one for my operation. How do these facts accord with Dr. West's statement in his third proposition?

In his fourth proposition Dr. West states that of the alleged cures of hysteria &c. by excision of the clitoris, a very large number were not permanent. Does Dr. West admit that *any* of the alleged cures have been permanent? If so, he must allow the operation to take its place as one of the remedies, amongst others, for the relief of a most intractable class of diseases. But more permanent cures have followed the operation than Dr. West is inclined to admit, or is probably aware of. I never insisted that it was an unfailing remedy in every case, but I do insist that in suitable cases it has a marvellously beneficial influence on the whole nervous system of the patient operated on.

Dr. West's fifth proposition deals with the moral aspect of the question. He reasonably rejects the idea of medicine or surgery having the power to remove from a mind its impurity. I have never advanced such an opinion. I cannot allow the operation of clitoridectomy to be considered as other than a means of curing a morbid *physical* condition. On this mental improvement generally follows. Having seen a very large number of cases, I have come to the conclusion that, in a very great proportion, the irritation, and the effort of the patient to relieve that irritation by friction, are, in their origin, quite unconnected, and have nothing whatever to do with impurity of mind. We have no right to attribute immorality to the victims of a habit which often commenced in childhood, and which was then purely physical in its origination.

The sixth proposition contains Dr. West's opinion upon the physiological correctness of the operation of clitoridectomy. All I have to say on this point is that our greatest authorities in physiology, and among them Dr. Brown-Séquard, attribute epileptic fits to peripheral irritation. Then as to the results which do or do not warrant the frequent performance of the operation. If Dr. West thinks the operation may be performed at all, as is the inference, what becomes of his physiology? But, practically, one fact is worth a dozen theories, so I will here quote from a letter I have received from Mr. Smith, surgeon, Clare, Suffolk, dated the 15th inst. I quote verbatim:—"My patient, Miss B——, having now been with me over six months, I think I am in some measure enabled to give my opinion in regard to the operation of clitoridectomy. Much has been said and written *pro* and *con.* on this operation, but in my humble opinion I am persuaded but for your operation Miss B—— would have been in an asylum long ere this. When she came to me she was suffering from all the symptoms of hysterical mania. Now she is calm and quiet, associates with the rest of the family, and in fact is a reasonable being; this I consider she owes mainly to you. I feel bound to offer this tribute to your skill, as I know many in the profession completely ignore the benefits resulting from your operation."

I am at a loss to know what Dr. West's seventh proposition aims at. My book "On the Curability of Certain Forms of Insanity, Epilepsy, Hysteria," &c., is written for the profession solely, and from its technicality could not, I believe, be understood by "non-medical persons."

Dr. West's eighth proposition I entirely agree with as applied to children and persons under age. But in the case of women of mature age, married or unmarried, I have yet to learn that an operation may not be performed, if thought necessary, for the well-being of the patient without consulting her friends if it be her expressed wish that it should be kept secret.

Unwillingness to occupy more of your space prevents me from quoting the testimonies of undoubted authorities as to the value of the operation and the excellent results which follow, but I am willing and anxious to do so if you can spare me the space.

In conclusion, I cannot help remarking that in the first edition of his treatise on the Diseases of Women, Dr. West devoted an article to prove how unscientific was my operation for prolapsus uteri, an operation which is now adopted by the first surgeons in every civilised country.

I have well-grounded hope that the same result will follow his opposition to the present procedure for the relief of a still more distressing class of ailments.

I am, Sir, your obedient servant,

Harley-street, Nov. 1866. I. BAKER BROWN.

FEVER HOSPITAL IN THE EAST OF LONDON.

To the Editor of THE LANCET.

SIR,—The following copy of a letter is in the course of signature. If you will kindly publish it in your extensively read periodical, you will oblige,

Your humble servant,

Campbell-terrace, Bow-road, Nov. 24th, 1866. JOHN LIDDLE.

To the Committee of the Temporary Cholera Hospital in Commercial-street, Spitalfields.

LADIES AND GENTLEMEN,—We, the undersigned medical officers of the Unions in the Eastern districts of London, having learned that it is the desire of some benevolent persons to erect an hospital for the relief of the poor suffering from fever and other epidemic diseases, believe that such an institution will be of incalculable benefit to the poor of these districts.

From the practical knowledge we have acquired from our extensive practice among the poor, we can confidently state that fever and other epidemic diseases prevail to a very great extent in these localities, on account of the density of the population and the unhealthiness of the dwellings.

It is truly lamentable that London, with its 3,000,000 inhabitants, has only one Fever Hospital and one Small-pox Hospital, and both are situated at a great distance from these centres of disease. It therefore happens that many patients cannot be removed to these establishments in consequence of the frequent want of room in them, and from the danger attendant upon the removal of the sick to such a distance from their abodes. They are therefore suffered to remain in their miserable habitations, thereby exposing their families and fellow-lodgers to the danger of infection. Hence the urgent necessity for an institution, to meet the worst of this class of patients, being erected within a reasonable distance of these districts, so that patients might be removed more promptly and safely than can now be accomplished.

ACTION OF THE MUSCULAR COAT OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me a small space in your journal to make a few remarks on the subject of urethral movements seen through the endoscope? I think it has been too soon taken for granted that a foreign body in the urethra will be propelled by the vermicular waves in the same direction in which they themselves are moving. Now, I think it

will be easily seen from the following observations that the exact reverse of this is the case with truly vermicular movements.

If we take the worm as an example, we shall observe that a piece of feather or straw placed under him will be pushed towards the point where the undulations commence. This principle is well shown by taking a piece of india-rubber tubing and placing it across a smooth table, a weight being placed on one end, and the other moved quickly up and down by the hand so as to produce rapid undulations. If now we place a thin piece of paper under the india-rubber tube we shall see that it will be moved towards the hand, or in a direction opposite to that in which the undulations are travelling.

If the principle stated above is the correct one, then both Mr. Henry Thompson and Mr. Heath bring forward facts which prove the opposite theory to their own, for it will be seen that on this principle vermicular contractions moving towards the bladder will force a foreign body out at the external urethral orifice.

I consider the expulsion of the few last drops of urine to be a semi-voluntary action produced by the accelerator urinæ; but might it not be possible that the vermicular contractions described are produced by the involuntary muscular fibres surrounding the canal, and be more analogous to the action of the intestines; and that both actions, although in different directions, may produce the same effect—namely, the expulsion of a foreign body by the meatus?

In conclusion, I think there is little doubt that the endoscope is of more benefit in the prevention than the cure of stricture, by bringing under more appropriate treatment those cases of chronic gleet in which, after going the round of injections, balsam, cubebs, &c., it was generally found necessary to commence the treatment for stricture. At the same time I must admit that these cases would have been just as easily cured without the endoscope had the same interest been taken in them.

I am, Sir, your obedient servant.

Newton-road, Westbourne-grove, Nov. 1866. CHAS. O. ASPRAY.

HOW TO OBTAIN MEDICAL OFFICERS FOR THE ARMY AND NAVY.

To the Editor of THE LANCET.

SIR,—At the late election of resident-surgeon to St. Bartholomew's Hospital, in this city, there were forty-one candidates. The salary is £200. In the year 1863 the salary was £120, and the number of candidates was thirty.

I recommend these facts to the consideration of the War Office and of the Admiralty as showing the easy terms on which civil hospitals can obtain the services of young surgeons. Respecting quality, there was no lack of good men, such as graduates in Medicine, fellows of the College of Surgeons, graduates in Arts, &c.

How comes it that the public war service is unable to obtain a sufficient supply of candidates?

Instead of answering this question I beg leave to suggest to the authorities the following course:—

1st. Adhere faithfully to orders in council and warrants.

2nd. Remodel the class of medical officers, constituting them a professional class, and liberating them from relations to other classes.

3rd. Give early retirement and liberal pay.

I am, Sir, your obedient servant,

Rochester, Nov. 1866. F. J. BROWN, M.D.

MR. F. JORDAN'S OPERATION FOR NÆVUS.

To the Editor of THE LANCET.

SIR,—My friends, the secretaries of the Midland Medical Society, have given so exceedingly brief an account of my operation for nævus in the face and orbit that you will, perhaps, kindly permit me to add a very few words of explanation.

Where the skin is not greatly or at all implicated, I make an incision through it, and completely through the nævus—dividing it into two halves. Hæmorrhage is easily arrested by pressure at one or more points within or external to the incision; then each half of the tumour is cut out piecemeal with curved scissors. The partially-implicated skin will in time become natural. The cure is effectual and rapid. I have found it to succeed when all other means have failed. The cicatrix of the single incision soon becomes almost imperceptible.

I remain, Sir, your obedient servant,

FURNEAUX JORDAN.

Colmore-row, Birmingham, Nov. 29th, 1866.

HUNTER *VERSUS* SHARPE.

COURT OF QUEEN'S BENCH, WESTMINSTER, NOV. 27.

(Sittings at Nisi Prius, before the LORD CHIEF JUSTICE *and a Special Jury.)*

THIS was an action by Dr. Hunter (whose name has become known by reason of certain legal proceedings) against the printer and proprietor of the *Pall-mall Gazette* for an alleged libel contained in that paper of the 10th of November, 1865, entitled "Impostors and Dupes." The article ran thus, the passages declared on being those enclosed in brackets:—"[The modern system of easy advertising and the facilities of the penny post have many advantages, but they have also their attendant evils of no little weight. One of these evils is nothing less than a curse upon English society. Occasional exposures in the law courts and the newspapers have long made us familiar with the advertising practices of a certain class of medical impostors, and with the misery they inflict upon their unhappy dupes. And now a series of recent proceedings in the Marylebone Police-office has revealed the existence of ramifications of the detestable system in question for which few ordinary readers will have been prepared. Persons who turn over the pages of the cheap newspapers in search of the curiosities of advertising will have noticed the frequent recurrence of a whole column, purporting to give a consecutive series of extracts from a medical work on consumption by a person signing himself Robert Hunter, M.D. If they have taken the trouble to read its uninviting paragraphs, they will have found that they are a long rigmarole of semi-scientific declamation, professing to expound to the non-professional invalid the causes and symptoms of disease of the lungs, and to prove that nobody knows how to cure it except this same Dr. Hunter, whose method is one of inhalation. On the face of all this there is nothing more than the puffery of the dealers in the various pills, potions, ointments, and liniments, who rejoice in the possession of testimonials from innumerable correspondents who bless the day that they first made the acquaintance of the pill, potion, ointment, or liniment in question, and who are all alike in an unfortunate ignorance of English grammar. That any reputable physician would thus advertise for patients is, of course, out of the question. But although these advertisements are free from the mysterious hints and suggestions and the scarcely veiled offensive phraseology of the basest class of medical puffs, one is led to suspect the existence of very serious malpractices by observing the length and the frequency of these recommendations of Dr. Hunter and his inhalations. When a man finds it worth his while to insert a very costly advertisement in several papers, and to go on with it from day to day or week to week, it is clear that his patients must be dupes of a very different class from the simple people who buy pills by the gross and potions by the gallon.] There is no need of the revelations of a police-court to show that the inhaling process means a process for working upon the fears of the ignorant, and for obtaining enormous fees. Men like these advertisers know well that there is one class of society which is specially open to their allurements, and at the same time supplies abundant dupes in such circumstances as to make them quite worth the expense of entrapping. Ladies and gentlemen, and the more wealthy and comfortable class of tradesmen, have, as a rule, their regular family doctors. They dislike doctors' bills as much as any other bills, and it is sometimes hard enough to pay them. But still, until we go further down in the social scale, every man has his own doctor. Then comes an immensely numerous class, whose real education is not much above that of the actual poor, and whose experience of life is confined to a narrow range. These are the men and women who are the destined victims of the advertising doctors. They read about mucous membranes, and carbonaceous blood, and tubercular deposits, and are impressed with the genius of the gentleman who can thus easily make them familiar with the profoundest secrets of science. If they have anything really the matter with them, their disagreeable sensations are at once intensified; if they have nothing more than a cold in the head, or a tightness in the chest produced by over-indulgence at supper, Dr. Hunter's catalogue of terrific symptoms suggests a mysterious signification to their pains. And when at last the advertisement recommends them to 'put their worldly affairs in order, and withdraw their minds from all earthly ties,' for they have only 'a few short months of life' before them—i.e., unless they consult Dr. Hunter,—what else remains but to go the next morning to see the pious, learned, and benevolent

physician residing in that highly respectable part of London, Upper Seymour-street, Portman-square? For he is a real physician, they see, being entitled to call himself M.D., not knowing in their simplicity how degrees are or were sold, or rather given away, in Scotland, and how agents still advertise in London that they can get anybody any sort of degree in Germany. Once in the toils of the physician's 'consulting-room,' the rest is clear. A man must be a sorry practitioner indeed if he cannot work upon the terrors of a foolish woman, especially if she is really ill, and so keep up the game of questioning, and examining, and physicking, until the poor victim's purse will bleed no more. ..... Howsoever considered, the Merrick-Hunter story is a fresh illustration of the utterly unsatisfactory state of the law in the matter of these abominable advertisements. The sufferance of these lures for the unwary is a thing that ought not to be longer endured. It is obviously most dangerous for persons who know nothing of medicine or physiology to habituate themselves to the study of medical books, even of the purely professional kind. As it is, a knowledge of the human frame, of the laws of health, and the symptoms of common disease, is no part of a gentleman's or lady's education. The ignorance of well-educated men and women in matters which it is of the utmost practical moment that they should understand is often amazing. Consequently, they frighten themselves out of their senses when chance puts in their way such publications, for instance, as Dr. Forbes Winslow's books on mental disease. Symptoms which prove nothing but the existence of over-fatigue of the nervous system, and which call only for less work, more air, and quiet amusement, and perhaps an extra glass or two of good wine, are mistaken for indications of actual brain-disease, and thus tend to produce the effect which has been mistaken for their cause. If such is the case with cultivated minds and recognised medical treatises, what must be the effect of these advertised abominations on the ignorant, the silly, and the vulgar? [Nor need there be any actual difficulty in putting a stop to such advertisements by Act of Parliament. It should be an indictable offence for any man to call himself a physician, surgeon, apothecary, or dentist, unless empowered to practise by the colleges or societies recognised by the law of the land. The assumption of all foreign medical degrees should be absolutely forbidden under the same penalties, whether claimed by English subjects or by foreigners. English subjects are forbidden to assume any foreign title of rank without the permission of the Crown. But what would be the evils of permitting some foolish gentleman to call himself count or baron compared with the mischief done by scoundrels who utter this base, forged coin, and claim to be respected as qualified physicians on the strength of some diploma obtained in Canada or New York?]"

The plaintiff by his allegations of inuendoes represented that the effect of this article was to impute to him that he was a quack, a scoundrel, an impostor; that he plundered his patients, &c.

The defendant pleaded "Not guilty;" and also a general justification that the alleged libel was true in substance and effect.

Mr. Coleridge, Q.C., Mr. Serjeant Parry, Mr. Hume Williams, and Mr. Cashel Hoey were for the plaintiff; Mr. Karslake, Q.C., Mr. Quain, Q.C., and Mr. Fitzjames Stephen were for the defendant.

Mr. COLERIDGE, in opening the case for the plaintiff, said the *Pall-mall Gazette* was a paper well known, and though, as yet, of no great age, conducted with considerable ability, with that amount of personality which probably was found attractive to its readers, and without which it should seem readers could not be found. The point of the libel was that Dr. Hunter was a quack, a scoundrel, and an imposter, and a man who plundered his patients. And of this there was a general justification—that is, that the plaintiff was a quack, a scoundrel, and an impostor, and a man who made a trade by imposing upon and plundering his patients. In order, as the learned counsel said, to make the jury understand fully "the cruelty" of the libel, he entered into what he called "an outline of Dr. Hunter's history" from his birth down to the present time. He was, it was stated, the son of an English physician, Dr. James Hunter, who practised in England for some time, and then went to Canada. The medical schools in that colony were at that time not equal to those of the United States, and therefore his son, the plaintiff, was sent there for his medical education; and he graduated in medicine at New York, went through the hospitals there, was a member of the school of medicine there, and obtained a medical diploma. On his return to Canada he was examined before a provincial board, and upon its certificate obtained a medical degree from the Governor-General of Canada. Thus, therefore, he was doctor of medicine of New York, and a registered licentiate of medicine in Canada. He went to America and there applied himself chiefly to pulmonary complaints, and especially their cure by inhalation of medicated vapours, and he obtained a large and lucrative practice. In 1865 he came to England, and there he found that under the Medical Act of 1858 he could not be registered as a practitioner without being examined by the College of Physicians. Now, it was right, beyond a doubt, to guard in the strictest way against the introduction of quackery into so difficult and delicate a science as medicine; but, on the other hand, a distinguished man like Dr. Hunter, who had gone through a course of study larger and wider than that of English physicians, and had two medical degrees, might naturally dislike submitting to an examination. Moreover, he held peculiar views as to the mode of curing consumption which were at variance with orthodox medical views, and men like our own Jenner and Harvey would probably have found a difficulty now-a-days in obtaining a degree. He, unfortunately, put himself into a position of antagonism with the medical profession in this country, and was in correspondence with the Home Secretary, claiming that as an American practitioner he had a right to practise in this country, making no secret of the real truth. He now published a book, which was advertised, and perhaps not in the best taste, nor could it be considered strange that it should excite comment. It was the mode of advertisement adopted in America, and was allowed in the pages of the *Pall-mall Gazette* itself. Dr. Hunter entered into a sort of partnership with one or two medical men legally qualified to practise, and practised with them, declining to be examined by the College of Physicians. He had never pretended to be an English doctor; on the contrary, his case was that he was entitled to practise as a foreign practitioner.

The LORD CHIEF JUSTICE.—Did he state in his advertisements that he was an American doctor?

Mr. COLERIDGE.—No; he described himself simply as M.D. In his book he described himself fully and truly.

The LORD CHIEF JUSTICE.—Yes, but the patients would probably see the advertisements.

Mr. COLERIDGE.—He insisted that he had a right to practise as an American practitioner. However, he got into a large practice, and at this time he was accused of ravishing a female patient, named Merrick, upon which charge, however, he was acquitted. At this time the *Pall Mall Gazette* commenced its attacks upon him, and on the 7th of November it inserted an article which began thus:—"A practitioner of physic, who calls himself Dr. Hunter, but who holds no English diploma." This was while the charge was still pending, and it was most unfair. Then came the article (on the 10th of November) which was complained of as the libel. The learned counsel read the article at length, commenting upon its terms. He particularly complained of its insertion at the time the criminal charge was pending upon which the plaintiff was acquitted on the 24th of November. He commented upon the illiberality of proposing that not even a foreign doctor should be allowed to practise here upon the strength of a foreign diploma. The liberty of the press was important, but it had its limits, and those who wrote in the press must be taught that there was over them the stern arm of the law.

The article was put in and formally proved, and taken as read, as indeed it had been by the counsel for the plaintiff.

The plaintiff was then called as a witness, and stated that he was "Doctor of Medicine of the University of New York," and licentiate of the Medical Board of Canada, and produced his diplomas, dated 1846 and 1847. He was born in 1826; so he got his diploma at the age of 20. He was educated, he said, for the medical profession, first by his father, and then at a college at Geneva, United States, where he was in 1843, but went through no examination. He then went to the New York University, where, he said, the medical schools were very eminent. He studied there two years, the curriculum, or course of study, being the same as at Geneva. He took the degree of M.D. after passing an examination in every branch of the science. He returned to Canada, where he went through another examination, upon which he had a certificate (produced), which was, however, he said, rather educational than professional, and did not of itself amount to a diploma. He obtained, however, on this his Canada diploma, and practised five years near Toronto. He then retired, temporarily, from ill-health (having consumptive symptoms), and turned his attention to pulmonary diseases and the theory of inhalation for their cure, which he submitted to the Professor of Chemistry

in the University of New York, with a view to its trial upon himself. The professor, however, tried to dissuade him from it, as likely to be dangerous, but he persisted in it, and ultimately recovered his health. He then visited Europe, and went to the consumption hospitals at Brompton and Lyons, where he found the inhalation system to some extent in use. He then returned to New York and resumed his practice, but again retired, having had a relapse, and fearing the effect of practice upon his health. From 1852 to 1859 he remained at New York, having had a large practice, and devoting himself especially to pulmonary diseases. He then went to Canada, and practised there until June, 1864, when he came to England. Being asked why he left, he said it was for the education of his family, to visit his friends, &c., not on account of his health. He sought to establish himself here as doctor of medicine. Before he came he was not aware of the Medical Registration Act. He found that he could not be registered without examination, and he wrote to the President of the Medical Council about it, claiming to be admitted as a colonial practitioner. He published a work on consumption, on the title-page of which he set forth his American and Canadian diplomas. (This was put in.) In New York he associated himself in practice with a Mr. Melvill, and in London with a Dr. M'Gregor, an M.D. of Edinburgh. He was advised that it would not be illegal to practise here, though not registered, but that he could not recover his fees. He practised in London, and was successful, and acquired a large practice. Some of his patients had been subpœnaed, and he believed were in attendance.

About this stage of the examination the Lord Chief Justice observed that he should like to hear something about the plaintiff's advertisements, adding that he had thought that the plaintiff's counsel would have read or referred to some of them.

Upon this a copy of *The Times* of Sept. 28th was produced, containing one of the plaintiff's advertisements.

The jury desired to hear it read.

The officer accordingly began to read it. It commenced by alluding to the celebrated work of Dr. Hunter, which, it was said, had created a profound sensation in America, and effected an entire change of treatment, &c. After hearing a few passages read,

The jury said they desired to hear no more read.

The LORD CHIEF JUSTICE.—You merely wished to see the tone and style of the advertisements, I presume.

The Jury.—Just so; and we have heard enough for that purpose.

The plaintiff's counsel observed that, as the advertisement was one of a series giving Dr. Hunter's theory—

The LORD CHIEF JUSTICE.—You put it in. His Lordship read some more passages, and then observed that what he wanted to know was what was the cure; it was easy enough to describe the symptoms, and this advertisement was occupied with the symptoms.

It was stated that the whole or principal part of the plaintiff's work was published by degrees in the advertisements, interspersed with statements of cures.

The plaintiff's examination was then resumed, and stated that the only difference between his system and that of other medical men was inhalation.

The LORD CHIEF JUSTICE.—Are the means of cure indicated in your work?

The Plaintiff.—I think so.

Mr. KARSLAKE.—We say not, and that there is nothing to indicate it distinctly.

The LORD CHIEF JUSTICE said he had once read the book, and it made that impression upon his mind.

The plaintiff was called upon to explain distinctly what his treatment was, and stated it chiefly lay in the "increase of vitality by promoting the inhalation of oxygen;" and he thought that this was sufficiently indicated in his book. He declared that he had greater faith in this system than in anything else, but he did not rely on it entirely. There was at present no established method of treatment in consumption.

The LORD CHIEF JUSTICE.—Don't you in your book disapprove of ordinary remedies?

The plaintiff denied this; upon which

The LORD CHIEF JUSTICE read a passage from his book deriding the system of "pouring down cod-liver oil &c.," and representing that "on this one principle (that of inhalation) hinges the whole system," &c.

The plaintiff admitted that he relied chiefly on inhalation; but he declared that he employed other means. He placed, however, he said, his main reliance upon oxygen, admitting that his views about it were rather at variance with received ideas. He avowed that his work and his advertisements were addressed to the general public, and not merely to the profession. He had read, he said, the works upon the use of inhalation, and referred to that of Dr. Abbotts Smith, and also that of Sir Charles Scudamore, and those of Sir A. Creighton, Dr. Maddock, Dr. Carpenter, Dr. Wilson, and others, all more or less recommending inhalation; not, however, by itself, but with other medicinal remedies. An article in THE LANCET of February 11th, 1865, was likewise produced and referred to, noticing a "new inhaler," and stating that the value of medical inhalation was "extensively recognised." He used various drugs in inhalation—those included in the Pharmacopœia: there was nothing empirical in it. He mentioned some of the drugs he used—stramonium, belladonna, and chloric acid, which he used, he said, as sedatives or as oxygenising agents. He also used iodine, and occasionally tar.

The LORD CHIEF JUSTICE inquired whether these drugs were mentioned in the plaintiff's book?

The plaintiff stated that he had not mentioned them specifically, but generally, as "astringents, sedatives, expectorants, and alteratives." He had not mentioned the specific ingredients, as the work was for popular perusal, and they would require medical advice as to their use. The examination was then directed to the case of Mrs. Merrick, who had made a charge of rape against him, in which he said there was not a word of truth. He was acquitted upon that charge, and he preferred a charge of assault against the husband and brother, on which he was examined and cross-examined, and they were convicted and sentenced. He was then examined as to his charges, which were not, he said, "enormous;" but a guinea for a first attendance, or five guineas a month for attendance and consultations, including drugs and use of inhalations. He also stated that he had some gratuitous patients. The libel complained of was on the 10th of November, and the hearing was begun on the 7th and was resumed on the 12th. After the publication of the libel his practice had fallen off considerably.

Mr. KARSLAKE (commencing his cross-examination).—And I suppose it fell off after the publication of the charge made by Mrs. Merrick?

Plaintiff.—Why, yes; the two things came together certainly.

The LORD CHIEF JUSTICE.—It speaks for itself.

Mr. KARSLAKE, then pursuing his cross-examination, elicited that at the time the plaintiff had his diplomas he was about twenty years of age; and that at the time he first started the subject of inhalation he had not read the works to which he had now in his evidence referred. Afterwards he read them, and found it had been previously in use. Asked when he first started in practice for pulmonary complaints, he said it was in 1852. He did not, he said, establish his system in Canada, but went almost at once to America—first to Albany, and then to Washington, where he was about a year. In 1853 he went to New York, where he remained some time until he went to Europe. He returned to New York, and remained there some time. Then he went to Canada for about eighteen months. Then he returned to New York, and was there until he came to England. While he was in the United States he published letters describing his system in many of the American papers; some of which were enumerated, and letters of grateful patients were also published. When he came to England he set up in Seymour-street. He did not think it was unusual for a medical man to publish his name as M.D. when he was not so, or when he was only a foreign M.D., nor did he believe it was penal or illegal. His advertisements, containing parts of his book, were published in many of the papers in this country. The chief object was the reputation they produced, and the results. He declared that he could not say within a few hundred pounds what he had expended in these advertisements.

The LORD CHIEF JUSTICE.—Not within a few hundred pounds?

Witness.—Well, it is a mere guess, but perhaps a thousand pounds.

Mr. KARSLAKE.—Will you undertake to say it was not some thousands of pounds?

The plaintiff said he believed not. He was then examined as to the proceedings of his friends Mr. Melville, Dr. M'Gregor, and Dr. Wills, who, it appeared, had established themselves in Dublin and Edinburgh, in a similar line of practice, and published similar works, with a similar system of advertising. Being examined as to his own system, he said it consisted in greater application of the inhaling process (especially with reference to oxygen), together with the use of some drugs not

formerly used for the purpose, especially stramonium and chloric acid. He was shown the Pharmacopœia of the Brompton Hospital, containing several of the drugs he had mentioned for inhalation. He admitted that he knew in 1864, when he published his advertisements in this country, that not only inhalation had been used, but some of those very drugs which he mentioned. He was challenged to point out in his work any kind of drug or oxygenated or medicated agents which it would be proper to use for the purpose of inhalation: he said he had not mentioned particular drugs or agents; the basis of his view, he said, was the carbonaceous character of tubercle, and the importance of an oxygenated mode of treatment, and he admitted that he was not then aware that medical writers had treated of the subject before. He was then challenged with a statement in his book to the effect that medical men in England, in treating consumption, relied entirely on cod-liver oil, and other medicines: he said he believed it was substantially true at the time; and then being reminded of his own admissions that the inhalant process was in use at the Brompton Hospital, and the use of some of the identical drugs he mentioned, he said he believed they were used only as palliatives. He admitted that cod-liver oil was a very valuable agent in consumptive disorders, as nourishing in its nature. He was then pressed with passages in which he spoke of the "old system" as having no real effect, and of his new system as of almost sovereign efficacy; the essence of his system was a topical or local treatment, as opposed to constitutional treatment. His attention was then called to passages in his book giving terrible pictures of the nature and progress of the disease, and he admitted that the symptoms he described so alarmingly were symptoms of other things. Other passages were read, of which he admitted the effect to be that general practitioners did not understand the symptoms of this disease, and that patients should go to some one who had, as he had done, made it his specialty. Other passages were cited, the effect of which was that most diseases attributed to the liver were really consumptive. He was asked a great deal as to his opinions on the subject of consumption, and stated that it was closely allied with scrofula, and that he regarded carbon as inimical to health, and as the true cause of tubercle, and the object of his system was to eliminate it. He was asked whether the blood was not affected and altered by medicines received through the stomach; but this he would not admit except with great qualification and limitation, and he thought that it was only on the lungs that the blood must be reached. He said in his view the disease was local, and must be met by treatment of the organ affected, and getting into the blood through the lungs. His object was the inhalation of oxygen, and he used, he said, chloride of potassium and peroxide of manganese, put into a gasometer and inhaled in the form of gas. The gas when generated was diffused through the atmosphere of the room in which the patient slept. The mode of diffusing the gas was by combustion of the nitrate of potassium and stramonium, and thus liberating the oxygen and diffusing it in the air of the room. He also used inhaling instruments for inhaling directly into the lungs. Patients, he said, could communicate and be prescribed for by letter, receiving in that way directions as to the use of the gas. There were no particular directions in his book, which merely described the principle of the system. He said he was practising still.

In re-examination, he stated that his book did not profess to be addressed to the medical profession; it was a popular work; but it could be easily understood by any ordinarily qualified medical man. He knew that many medical men applied themselves to particular diseases.

The examination and cross-examination of the plaintiff took up (after the opening of the case) the whole of the day until a late hour, and it was then stated by the counsel for the defendant that they should call witnesses, and that the case must last all day to-morrow, at all events.

The LORD CHIEF JUSTICE said that in that case it would be useless to put any other case in the paper (in this court) for to-morrow.

WEDNESDAY, NOV. 28.

The case was resumed this day.

The plaintiff had been for some years, more or less, associated with a Dr. Melville, who this morning was called and examined on his behalf as a witness. He stated that he had graduated as M.D. at Edinburgh in 1837, and had known the plaintiff since 1853, and was registered in this country as a practitioner. He said the plaintiff's book contained valuable information, and that great benefit had been derived from the system of inhalation he described. The plaintiff, he said, had "systematized" the process of inhalation, and made it more useful. Being asked whether he considered it was sufficiently described in the plaintiff's book to enable even medical men to understand and apply it, he said that it was so; upon which he was invited to point out where it was particularly described, and he admitted it was only described generally as the inhalation of "sedatives," &c., leaving medical men to select and apply them, taking such as were susceptible of volatilization. He admitted, however, that the book was written chiefly for popular perusal. He was asked whether he considered it regular or proper to advise and prescribe for patients without seeing them and personally examining them, and he said it was not improper. He was referred to passages in the plaintiff's book in which it was represented that the most gratifying cures had been effected in cases "treated entirely by correspondence," and especially a case of a Countess Rodowlinski, which was described as a very remarkable one, and whose letter of acknowledgment was referred to.

The LORD CHIEF JUSTICE.—Have you the originals of these letters?

The witness said he had them, and could produce the one referred to. After some search he produced one of the plaintiff's forms, "filled up," as he said, by the countess. He was asked to produce the letter in answer to which this form had been sent by him, and he said he had not got it. He was asked for the envelope, and said he had not got it. The form, he said, was the form ordinarily sent upon inquiries. He produced a letter which he said had come back with the form, written, as he suggested, by the countess, and signed by her husband, "Count Hugo Rodowlinski." The "ordinary inhalants," and inhaling instruments, he said, had been sent. Being asked to describe the "ordinary inhalants," he stated them thus—stramonium, iodine, chloric acid, and chloroform. Being asked to describe the proportions, he said a drachm and a half of tincture of iodine, a drachm and a half of chloroform, six drachms of chloric acid, and the rest (*i.e.*, of a 6 oz. bottle) stramonium. The practical directions were to put a teaspoonful of the inhalant into the inhaler with a certain proportion of hot water. Such were the processes which were described in the plaintiff's book, and vouched by the witness, as rendering consumption in almost all cases curable "by the proper inhalation of oxygenated or medicated vapours," and which were declared so efficacious as practically to dispense with the necessity for medicines or change of climate, or constant medical superintendence. He said tar was sometimes used, and a basin of tar placed in a room for the purpose of inhalation was, he said, often very beneficial.

In re-examination the witness stated that it was not unusual for medical men to publish cases.

The LORD CHIEF JUSTICE.—Not letters from grateful patients?

Mr. COLERIDGE.—Oh, yes! I am told it was not all unusual. Here is a work by Dr. Hugh Bennett in which I find several.

The LORD CHIEF JUSTICE.—Without any disparagement to him, I don't think it is usual in the medical profession, whereas, we all know, in a certain class of cases it is a characteristic.

The re-examination being directed to the case of the Countess Rodowlinski.

The LORD CHIEF JUSTICE observed that the treatment began on the 20th of December, and on the 17th of January she wrote that she had almost entirely recovered, and on the 19th of February that she had "entirely recovered." Rather a rapid recovery was it not, if really a case of consumption? Does it not a little shake your conclusion that it was such a case, and does it not rather tend to confirm the view which seems to have been taken by the lady's ordinary medical attendant, that it was not a case of consumption at all?

The witness said he thought not, for cases of recovery in consumption were often fallacious.

The LORD CHIEF JUSTICE.—Well, you have not heard from her since?

Witness.—No.

The LORD CHIEF JUSTICE.—It does not appear that oxygenated inhalation was used in that case.

Witness.—No, not materially; the chief agencies were sedative.

The LORD CHIEF JUSTICE.—Well, does not that tend to show that Dr. Hunter is mistaken in laying so much stress upon oxygenated inhalation? According to his book that would seem to be the chief thing, and he rather denies the use of mere sedatives in inhalation.

The witness said this was a particular case; he thought the doctor right generally. (It was elicited that he had received a salary from the plaintiff as his assistant).

DR. M'GREGOR, another of the plaintiff's coadjutors, was then called, and gave similar evidence, stating that he considered the plaintiff's system sound, and believed that it had done great good. He stated that he was registered and qualified as a practitioner, and he became acquainted with the plaintiff in this way:—The plaintiff advertised for a qualified practitioner to practise with, and he agreed to act with him, and, as "he was not a man of capital and the plaintiff was," he arranged to receive a salary from him. He had written the preface for the plaintiff's first edition of his book in 1864. It appeared that the witness had since started in similar practice in Dublin; and another friend of the plaintiff, a Dr. Wills, had also started in Edinburgh, each publishing a similar book, substantially the same with the plaintiff's, and in each instance giving the address, hours of practice, &c. Passages were read from the two works almost in the same words. One of them was a passage which in the plaintiff's book ran thus:—"The patient is told that when he can breathe the pure fresh air of the country all will be well, but, alas! he generally finds that the 'country' referred to is beyond the grave;" and in Dr. M'Gregor's book it ran—"Alas! for those who put their faith in these delusive promises. Too late they find that the 'country' referred to is that beyond the grave—the bourne whence no traveller e'er returns." The witness said the business had not been so successful in Dublin as in London. "They are not so rich there as here," he said. (A laugh.)

A shopman from Corbyn's, a chemist in Bond-street, was called to prove that during the past year they supplied the plaintiff with drugs to the value of £800—the ordinary drugs of the Pharmacopœia. In cross-examination he mentioned nitric acid and other mineral acids containing oxygen, nitrate of potash, stramonium, belladonna, morphine, binoxide of manganese, chloric acid, and numerous other drugs—indeed, he declared that there was hardly a drug in the Pharmacopœia of which the plaintiff had not had some. He was asked particularly about chloric acid, which, he said, was not commonly used, but of which the plaintiff had a certain quantity. He did not know any medical practitioner but the plaintiff who used it. In re-examination he said its specific quality was that it generated oxygen very largely under heat, or in combination with another acid, as nitric acid.

A witness was called who proved that in 1860 the plaintiff was living at Ottawa, Canada, apparently in comfortable circumstances.

A witness named Selby, who described himself as a wine merchant, and who said he knew the plaintiff in 1857-1860, gave similar evidence.

The LORD CHIEF JUSTICE said he did not quite see the relevancy of this evidence.

Mr. COLERIDGE.—Well, we do not know exactly what is meant by the plaintiff being described as a scoundrel; we want, at all events, to show that he was not driven to a system of imposture by poverty.

The LORD CHIEF JUSTICE.—Well, but he might be a scoundrel notwithstanding. It does not seem relevant.

Mr. COLERIDGE then proposed to enter into another head of evidence—the evidence taken abroad by commission. The evidence was that of two or three persons in America and one in Ireland who had been treated by the plaintiff for what they conceived to be consumption, and got better. There was also the evidence of one or two witnesses illustrative of his system, which they said they considered good. His charges were a guinea for the first examination, and afterwards five guineas a month, including the use of the inhaling instrument.

A witness was then called, who stated that he had suffered from asthma, and had been treated by the plaintiff and got better. But it appeared that he had not submitted to much medical treatment by regular practitioners, having imbibed an impression that they could not do him much good, whereas from the advertisements of the plaintiff he gathered the impression that his system would be almost certain to cure him.

An old officer of the Indian Army stated that he had suffered under bronchitis for ten years, and derived no advantage from medical treatment; and that he then—in 1864—consulted the plaintiff, who treated him by inhalation, and whose mode of treatment did him great good. In less than a month he gained 9 lb. in weight, and found the irritation in the bronchial tubes much removed. After two months he gained 17 lb. (laughter); and in another month he had gained 21 lb. (Renewed laughter.) And, meanwhile, his bronchitis was much relieved. Last month he had a relapse through a cold, and he placed himself under him again, with much benefit. In cross-examination, he stated he had been under the plaintiff for ten months at five guineas a month. In cross-examination, he let out that he had diminished in weight in the summer; and, being asked the reason in re-examination, he said, with great simplicity, that he supposed it was because his clothes were lighter. (Great laughter.)

Another gentleman, who said he had suffered from asthma and consulted the plaintiff, gave similar evidence as to the benefit he derived. He consulted him in 1864, and had been under his care ever since. He had previously, however, been under homœopathic treatment, which, he said, did him no good. (This witness and the next were very stout, strong-looking men.)

The next witness had been, he said, a colonel in the Indian Army, and stated that he had suffered from chronic catarrh, and had been treated by the plaintiff for three months with great benefit. It turned out, however, that he had not consulted a regular medical man on the occasion, and that the plaintiff gave him alterative medicine, and did not think inhalation necessary, though he gave him some pastiles.

Another witness, who had suffered from asthma and consulted the plaintiff, gave similar evidence as to his having derived benefit, but it turned out that he had previously an impression that asthma was incurable, and so he had not submitted to medical treatment.

Several other witnesses who had suffered from asthma, or bronchitis, or catarrh gave similar evidence. They had all consulted the plaintiff and derived benefit from his treatment. One witness, a tailor in Holborn, said he had seen his advertisements, and having a predisposition to inhalation "he consulted him and found himself much better." He paid five guineas for a month's medicine, but with economy made it last three months, so that his medicine cost him only 8*s.* 9*d.* a week. (Roars of laughter.)

A Canadian barrister, from Toronto, who had known the plaintiff and his family, stated that he had been under his treatment for an affection of the nostrils, and derived benefit from his treatment and was satisfied with his charges. And his mother-in-law had also been beneficially treated by him for asthma.

A witness, who resides at Swindon, stated that he had suffered from a bad attack of bronchitis, and had been told by a medical practitioner that his lungs were affected by it, and he had then consulted a physician in London, but without material benefit. He then, in 1864, went to the plaintiff, and was greatly benefited by his treatment.

This closed the case for the plaintiff, which had taken up nearly the whole of the day, up to half-past three.

Mr. KARSLAKE then addressed the jury for the defence. The question, he said, was whether, having regard to the manner in which the plaintiff was carrying on his practice, and the statements he put forth in his advertisements, the comments made in the article in the *Pall-mall Gazette* were or were not justifiable. His learned friend had represented that the plaintiff had merely followed a system pursued in America—by men like Barnum, no doubt, who advertised miraculous mermaids, but not, he hoped, by respectable medical practitioners. The advertisements teemed with letters from grateful patients, who described themselves as suffering from severe catarrh, which they believed would end in consumption, which they had been led to conceive as incurable by anyone but Dr. Hunter, and curable by him alone. It had been admitted by the plaintiff that he had followed this system of advertising, not only in America but England. And the impression produced by those advertisements was that consumption was incurable under the regular system, but was generally curable by himself. It was obvious that he had come to this country for the purposes of profit and emolument; the law required that he should be examined and registered as a medical practitioner, in order to practise in this country, but he insisted upon practising without submitting to such examination; and not only so, but upon publishing himself as an "M.D.," leading the public to suppose that he was an English M.D. It might be that he would have done no wrong in merely publishing himself as a Canadian M.D., on the strength of a diploma obtained at the early age of twenty. But it might be supposed that a diploma might be obtained abroad upon qualifications which would not obtain it in this country, and that a degree obtained at the age of twenty—twenty years ago—was not any adequate title to practise as an M.D. here. And to the public here it was important that they should know whether, in fact, a diploma was an English one or not. The Medical Registration Act of 1858 was passed to prevent false representations of this matter, for it enacted "that any person who should falsely and wilfully pretend to be a physician or doctor of medicine, or licentiate of medicine, or use any name, title, addition, or descrip-

tion, implying that he is registered under the Act, or recognised by law as a physician, licentiate in medicine, or practitioner in medicine (not being duly qualified and entitled under the Act) should pay a penalty of £20." It was, therefore, contrary to law for any one, merely on the strength of a foreign diploma or degree, to claim to practise here; and when the plaintiff persisted in doing so he became justly subject to the censure and animadversion of the press. And under what auspices, and by what means, and with what associates did he seek his practice? Publications were put forth by him and his associates, Dr. Melville and Dr. M'Gregor, who wrote prefaces for his books, representing that the whole profession but themselves were utterly ignorant on the subject of pulmonary complaints, and that they alone possessed the secret of a perfect remedy and certain cure. These gentlemen who, as independent practitioners, put forth the plaintiff's work were, in fact, his paid assistants; and this of itself was an imposition on the public. And, again, they vaunted a reputation obtained in America—entirely, as they knew, through this system of advertising. Would not the public have derived a very different impression had the plain truth been stated that one of these gentlemen, seeing the plaintiff's advertisement in the papers, went to him, offered his services, and was engaged at a salary of £10 a month, and then wrote these magniloquent prefaces to his book? It was represented that "a new era" was about to dawn on the medical world in the treatment of consumption. The whole drift of these publications was that almost every one had consumption or was in danger of it, and that they had no chance of safety but in going to Dr. Hunter. The impression conveyed throughout was, that the medical profession in general were utterly ignorant or incapable in such complaints, and that he, and he alone, understood their nature and cure. And on the part of the *Pall Mall Gazette* the charge made against him was, that by exaggerating or misrepresenting the symptoms of consumption, and often, either ignorantly or fraudulently, by false statements, he had induced a system of terror in the minds of the readers of his advertisements, leading them to fancy whenever they had a slight cold that they were in danger of consumption; and (as the whole medical profession were represented as incapable) that they must necessarily have recourse to the plaintiff's skill, or that their cure would speedily become utterly hopeless. The whole drift of the plaintiff's publications was to produce the impression that the plaintiff was in possession of some secret remedy never heard of before, whereas the system of medicated inhalation had been long known and made use of. Conjoined with this system of misrepresentation and exaggeration there was a system of puffing by means of letters from grateful patients, like the "Countess Rodowlinski," who was described as "tall and slight, of a fair complexion, and delicate constitution," who was dying of consumption, and cured by the plaintiff's method in a month. Of course, this "Countess" never had anything like consumption. Perhaps she might have had a winter cough, and it was cured. But the very mischief of the plaintiff's system of advertising was that it so exaggerated ordinary symptoms as to make persons fancy that they were really symptoms of consumption, and also frighten them into the belief that they were in dreadful danger. It was this system of terrorism which, coupled with the false representations that he was the real inventor or possessor of the true remedy, constituted the fraud on the part of the plaintiff. The effect was that he first frightened people into the belief that they were in danger, and next into the belief that he alone could relieve them or rescue them. And this system it was which was denounced by the defendant. It was difficult to imagine anything which was not, according to the plaintiff's book, a symptom of consumption. It did not matter whether you were making flesh or losing it; whether your hands were hot or cold; your pulse quick or slow; it was sure to be a symptom of consumption. If a young lady was "plump and fair," and given to sigh, she was in danger of consumption. (Much laughter.) Some mothers were frightened about their children, and the most ordinary and trivial matters were put down as symptoms of consumption. And then the drift of the advice given was, "Don't go to your regular practitioner; your only hope is in inhaling under Dr. Hunter!" (Laughter.) The use of medicines was derided, and cod-liver oil held up to scorn. Yet, it turned out after all that Dr. Hunter himself had to have recourse to these despised means of cure, and used medicines himself in the ordinary way in every instance. Thus, therefore, there was an entire inconsistency between the plaintiff's book and his evidence. The book, or the advertisements, represented inhaling as the only remedy, but in practice he used medicines, as other practitioners had to do. The whole drift of the advertisements was to represent the plaintiff as the author of a new system, and the prophet of a new era, in the science of healing, and to produce the impression that he alone could cure an otherwise incurable disease. What more mischievous course could be pursued than to frighten people into the impression that they had a fatal disease, and then frighten them out of the use of all ordinary and established remedies, and this for the purpose of forcing them to resort to a particular practitioner? The foundation of the plaintiff's theory, he said, was the notion that tubercle arose from carbon, and that carbon was a poison inimical to life, to be got rid of by oxygen. But it was a well known fact that carbon was not necessarily injurious to health, and that when it was so, by reason of excess, it did not lead to tubercle, but a wholly different disease. The colliers in the north, who got an excess of carbon into their lungs, did not die of consumption, but of "black-lung" as it was called—quite a different disease. The foundation of the plaintiff's theory therefore was ignorance, and his book described no means of cure. For many years inhalation had been used, and sedatives had been applied to the lungs in that mode; and the plaintiff's representation was that he was the real teacher of it. The test as to whether the plaintiff was a quack or not was whether it was not obvious that the whole object of his publications was to drive persons to become his patients by representing that he alone was in possession of a cure. His book gave no specific description of his method of cure, and dealt in vague generalities, and its only direct practical result was to drive people to consult him. Passing to the alleged libel, the learned counsel maintained that its general scope and subject was a mischievous system of puffery and its pernicious application to medicine. The article did not at all enter into the criminal charge, but brought forward the plaintiff as an illustration of this pernicious system of advertising. It was said that "no respectable physician would thus advertise for patients." And this was admitted; and no one could say for a moment that such a practice was respectable. His learned friend himself admitted that it was in bad taste and "unfortunate," to say the least. Did any one ever hear of a respectable physician thus advertising himself? What would be thought of a barrister who, on going circuit, should publish advertisements with letters from grateful felons whom he had defended? (Laughter). What would be thought of a medical man who put forth cases he had cured (omitting those he had killed) in order to attract patients? And if a medical man chose to take this course he was fairly open to severe animadversion and censure, especially when he coupled it with a most baleful system of terrorism and misrepresentation, frightening people out of their lives by false or exaggerated statements, and driving them into their consulting-rooms by sheer terror. This was a most mischievous and abominable system, justly open to denunciation and exposure in the press. Nor was the mode of charging at all moderate as compared with the liberal charges of medical practitioners. Five guineas a month, for six, ten, or twelve months at a time, and this to patients who had no personal superintendence and attention, but were prescribed for by letter, was not particularly moderate, and, when coupled with this system of fright and false representation, might not unfairly be characterised as extortionate. It was not merely the amount of the charges, but the means by which they were extorted, and if people were induced by false or exaggerated representations to fancy that they were in extreme danger, and that one man alone could cure them, it might fairly enough be called a system of extortion. The plaintiff was palmed off upon the world as an "M.D.," as if he were a properly qualified physician. It was perfectly fair to say that this was acting "like the scoundrels who passed off bad coin." And the plaintiff had fairly laid himself open to the strictures of this article. Here was a man, not himself legally entitled to practise at all, coming forward to hold up to reprobation the whole body of the medical profession as ignorant or incapable, and holding himself up, by means of these false or exaggerated statements, as the sole possessor of a sovereign remedy. And, considering the whole character of his publications, the language of the alleged libel was not at all too strong. It was to be observed that not a single case of consumption had been brought before the jury by any witness who was called and examined before them, and as to the two or three cases contained in the evidence it was utterly unproved that they ever had consumption. Nor was there anything in the plaintiff's alleged system of cure to produce the effect he ascribed to it. For his process would not produce oxygenation; and it was remarkable that in the cases produced it did not appear that he had relied upon

it. And, whatever might be the nature of his remedy, he had entirely concealed it in his book, his whole object being to induce people to come to him as patients. The case would mainly turn upon the view the jury took of this system of advertising which the plaintiff had pursued. But there would be evidence adduced before them to satisfy them as to the worthlessness of the plaintiff's representations, and upon the whole case they would have to say whether the defendant, the printer of the *Pall Mall Gazette*, had really been guilty of publishing "a false and malicious libel."

The case was then adjourned.—*The Times.*

EDINBURGH.

THE death-rate in this city for the weeks ending November 3rd and 10th reached the number of 113, which is equivalent to an annual mortality of 34 per 1000, and exceeded the weekly average of last year by 25. Last week this high rate fortunately did not continue, the deaths being reduced to 95, or 7 in excess of last year's average. There appears to be no other explanation of this excess than that it is due to the cholera, which still continues to hang about the city; and although the cases are not very numerous, some of them are of a virulent character. On the 9th there were no new cases in the hospital, but towards the end of last week they again increased in number. A special weekly return of cases has been published by the officer of health for the last three weeks; and, taking into account the number of deaths already published, it is found that to the close of the week ending 17th November there have been 72 deaths from Asiatic cholera, 6 from British cholera, and 38 from diarrhœa. During the first three weeks of this month the deaths have been, in private and hospital practice, 29, or 2 cases less than during the corresponding period of the preceding month. There has, previously to this month, been no opportunity of learning the number of those attacked; but from this return it is seen that since the commencement of the present month the cases and results have been as follow:—

	Asiatic cholera.	British cholera.	Diarrhœa.
Cases	58	37	318
Of these recovered	10	24	266
Died	29	1	8
Leaving under treatment (by table)	8	4	15

If the number under treatment be as stated in the return, a considerable proportion of cases are not accounted for—viz., 11 cases of Asiatic cholera, 9 of British cholera, and nearly 40 of diarrhœa. The cause of this discrepancy, it is presumed, is due to the returns made by the practitioners being incorrect.

At Leith the hospital is empty; but a few cases have occurred in the town. In addition to places mentioned in former letters, the epidemic has shown itself at Leven, Lochee, Forfar, Coupar Angus, Perth, Preston Pans, Pittenweem, West Anstruther, and Torryburn. At Fraserburgh there has been another increase. At Leven (a small town on the Fife coast) and its neighbourhood there has been a large and fatal outbreak. At Lochee (a village near Dundee) there has also been a considerable number of cases. At Leven till last Saturday there had been very few recoveries; and the number of deaths have been fifty, or about one death in fifty inhabitants. The outbreak has there caused the death of a "greatly beloved" and much respected member of the medical profession—Neil Alexander Kennedy. In the words of a Fifeshire journal, "Dr. Kennedy, from the very first outbreak of the epidemic, had exerted himself with the greatest zeal and energy to apply the best remedies to the sufferers, and to alleviate as far as he could their sufferings. No man could do more than he did; and he has fallen a victim in the prime of his manhood to his devotion to duty, adding another to that long list of gallant but unpretending heroes in the medical profession who have literally given up their lives for the public good." The cause of the outbreak at Leven is presumed to be due to the bad water-supply. The public well-water has been found to be in a very impure state; and since the supply from this source has been stopped there seems to have been a mitigation in the virulence of the disease. This place has been fortunate in having a clergyman who has aided in the attendance on the sick; and from the journal from which I have already borrowed I again quote: "We cannot refrain from noticing in terms of the highest commendation the conduct of the worthy clergyman of the parish of Scoonie, Mr. Duncan, who has cast aside all ideas of personal danger, and devoted himself with unwearied zeal to the task of visiting the sick and comforting the mourning families since the outbreak of the cholera. The Church of Scotland has reason to be proud of such men, and the inhabitants of Leven have certainly been fortunate in having among them at such a crisis one so devoted to their interests." Mr. Duncan's conduct contrasts very favourably with that of the brethren of his cloth in some other places; or I do not think I am far wrong in stating that, with one or two exceptions, the clergymen of the Presbyterian churches have not considered it their duty to visit the patients in the cholera hospital in this city, whilst the Episcopalian and Romish clergymen have been most attentive.

On the 31st of October the medical session at the Extra-Mural School was opened, the introductory address being given by Dr. P. H. Watson. There was a large attendance of students; and the address, which was very well suited to the occasion, was delivered with much eloquence.

The meetings of the Medical Societies have also commenced. The communications to the Medico-Chirurgical Society on the 7th inst. were, "On a Case of Traumatic Tetanus successfully treated by the local application of infusion of Tobacco," by Dr. J. B. Junor, of Peebles; and "On the After-treatment of Excision of the Knee-joint," by Dr. P. H. Watson. At the Obstetrical Society on the 14th, Dr. Pattison read notes on a "Case of Tedious Labour;" and Dr. Charles Bell gave the particulars of a "Case of Cholera in a Pregnant Female."

That valuable Society, the Edinburgh Medical Missionary, has commenced its monthly meetings with medical students. The meetings are held on the second Saturdays in each month. The first was held on the 10th inst., and was presided over and addressed by William Brown, Esq., F.R.C.S.E. The Medical Students' Christian Association has also held its first meeting, under the presidency of Professor Balfour.

A trial for murder, in which some medico-legal evidence of interest was given, has just taken place. I shall refer to it again.

Nov. 20th, 1866.

Medical News.

UNIVERSITY OF LONDON—SECOND M.B. EXAMINATION.—The following are the names, arranged in the order of proficiency, of the successful Candidates for Honours in the respective subjects:—

MEDICINE.

First Class.

Kelly, Charles (Scholarship and Gold Medal), King's College.
Philpot, Charles William (Gold Medal), King's College.
Eq. Bushell, Stephen Wootton, Guy's Hospital.
Eq. Howse, Henry Greenway, Guy's Hospital.
Eq. Nunneley, Frederic Barham, University College.
Shaw, Thomas Claye, King's College.
Thorne, Richard Thorne, St. Bartholomew's Hospital.
Cole, Thomas, St. Bartholomew's Hospital.
Williams, John, University College.
Eq. Clothier, Henry, University College.
Eq. Gooding, Ralph, King's College.
Eq. Tayler, George Christopher, St. Bartholomew's Hospital.

Second Class.

Taylor, Arthur, Guy's Hospital.
Welch, John Burges, King's College.
Ferris, John Spencer, King's College.

MIDWIFERY.

First Class.

Kelly, Charles (Scholarship and Gold Medal), King's College.
*Howse, Henry Greenway (Gold Medal), Guy's Hospital.
*Bushell, Stephen Wootton, Guy's Hospital.
*Shaw, Thomas Claye, King's College.
*Philpot, Charles William, King's College.
Welch, John Burges, King's College.
Thorne, Richard Thorne, St. Bartholomew's Hospital.
Eq. Ferris, John Spencer, King's College.
Eq. Nunneley, Frederic Barham, University College.
Williams, John, University College.
Gooding, Ralph, King's College.

Second Class.

Spencer, George Outhwaite, University College.
Eq. Tayler, George Christopher, St Bartholomew's Hospital.
Eq. Taylor, Arthur, Guy's Hospital.

* Obtained number of marks qualifying for Scholarship.

FORENSIC MEDICINE.

First Class.

Spencer, George Owthwaite (Scholarship and Gold Medal), University College.
Bushell, Stephen Wootton (Gold Medal), Guy's Hospital.
Philpot, Charles William, King's College.
Shaw, Thomas Claye, King's College.
Nunneley, Frederic Barham, University College.

Second Class.

Gooding, Ralph, King's College.
Tayler, George Christopher, St. Bartholomew's Hospital.

Third Class.

Howse, Henry Greenway, Guy's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 22nd:—

Nowell, Richard Bottomley, Guy's Hospital.
Rix, Richard Avery, Beccles, Suffolk.
William, Thomas Henry, Littlehampton, Sussex.
Young, Frederick William, Salisbury.

The following gentlemen also on the same day passed their first examination:—

R. T. Jenkins, Charing-cross Hospital; Edward Colson, Guy's Hospital; T. A. Roberts, St. Mary's Hospital; J. W. Pratt, do.; J. D'Arcy Harvey, University College.

THE total number of cattle in England and Scotland in March last fell short of 5,000,000.

FREDERICK GEORGE RUFFE, Esq., has been elected Mayor of Tamworth, Staffordshire.

THE hog cholera is very prevalent just now in the vicinity of Richmond, Kentucky.

THE artesian wells of Grenelle and Passy now emit volumes of steam reaching 85° F.

OWING to the exertions of her Majesty's Consul at Cronstadt a hospital for British seamen will be opened next spring.

THE Military Hospital at Halifax, Nova Scotia, was destroyed on the 10th inst., by fire. The patients were, however, removed without injury.

THE remains of a complete skeleton of a huge mastodon, eighty-three feet below the surface, have been discovered at the village of Cohoe, near Troy, America.

A RABBI living at Jeuville (Haute Marne) has recently died at the advanced age of 108 years. He retained the perfect use of his faculties to the last.

IN the week that ended on Saturday, Nov. 24th, the births registered in London and twelve other large towns of the United Kingdom were 4274; the deaths registered 3070.

THE surgeons of Vienna employ the white unsized paper, known as "Papier Joseph," for dressing wounds with much success. It has the properties of lint.

THE use of Sir William Burnett's disinfecting fluid has been ordered to be discontinued on her Majesty's ships, from the fact that several fatal cases of poisoning have occurred by its having been accidentally swallowed by seamen.

DR. REIS has written a letter to the "Bulletin Général de Thérapeutique," verifying the asserted powerful yet harmless effects of the Erythrasylon coca as a nervous stimulant.

IN Greifswald, a little university town in Pomerania, thirty-six persons have been infected by trichina, the cause of which has been traced to a diseased pig, of which they had partaken.

AT the weekly meeting of the Commissioners of Sewers of the City of London, Dr. Letheby reported that 2279 lbs. weight of meat had been seized at the different markets as diseased and unfit for human food.

DRS. PECHOLIER AND SAINTPIERRE recently reported to the French Academy of Sciences the discovery of a new vegetable poison. It is extracted from an African plant called "brandoo," and is very like nux vomica in its operations.

IN some parts of Cornwall oysters bred on one side of a river are so coppery as to be poisonous, while those on the opposite side are wholesome. By removal to other oyster-beds the copper is in time eliminated, and the oysters are fit to eat, and even sought after by epicures.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the recent examinations for the Fellowship of this institution twelve candidates presented themselves—viz., six seniors and six juniors, including one who went through the Anatomical and Physiological Examination only, and who, having passed, will be allowed to offer himself for the final examination on the next occasion. It is stated that three gentlemen failed to acquit themselves to the satisfaction of the Court. The following are the questions on Anatomy and Physiology which were submitted to both senior and junior candidates on the 20th inst., viz.:—

The whole of the pectoralis major being removed, mention the various parts exposed, and their relative position.

Describe the structure of the cortical part of the kidney. Describe also the urine of a healthy person, including its average daily quantity, specific gravity, chemical composition, and the principal diurnal changes it undergoes. Explain the influence which the excretion exercises in maintaining the health of the system.

Describe the course of the blood in the fœtal circulation; and state the physiological reasons for its peculiarities.

Describe the appendages of the eye, and their several uses.

Describe the structure and functions of the medulla oblongata.

What is "accommodation" of the eye? Give proof of its existence. State the changes which occur in the eye during the act of "accommodation," with the methods by which they are ascertained. Mention also the most probable explanation of its mechanism; and the evidence on which the explanation is founded.

On the following day (Wednesday) the juniors dissected the parts directed by the Court; and on Thursday the following questions on Pathology and Surgery were submitted to both seniors and juniors, viz.:—

Mention the different simple dislocations and fractures which occur at the elbow and the superior radio-ulnar joints; state the diagnostic symptoms and the best treatment of each injury.

At what time after infection does gonorrhœa generally commence? What is the seat and nature of that disease? What are its effects in mild and in severe cases? and what is the appropriate treatment in *different cases?*

Give an outline of the morbid conditions of the kidney known as "Bright's disease." State how the existence of that disease may be determined during life, and how it is injurious to the health, so as to render the performance of a surgical operation unadvisable.

What are the consequences of a wound into a healthy knee-joint? and what morbid changes may occur within the joint from the injury? State your opinion whether suppuration in the joint is necessarily fatal to its recovery.

Mention the leading circumstances to be attended to in the construction of an hospital surgical ward, and in the placing of the beds. State in what the vitiation of the air consists; how much cubic and floor space ought to be allowed for each patient; and how the space is measured.

Mention the most frequent accidental cause, the local symptoms, and the proper treatment of a simple fracture through the *carpal* end of the radius.

The proceedings were brought to a close by a series of operations on the dead body, after which the President informed those candidates who had acquitted themselves to the satisfaction of the Court that their names would be submitted for the approval of the Council at its next meeting.

DR. HASSALL has been requested by her Majesty's Commissioners for the Paris Exhibition of 1867 to act with them as an associate commissioner, for the purpose of advising on the proper representation of bread, biscuits, pastry, &c., in Class 68 of the Exhibition.

AT the annual meeting of the Workington Dispensary, Cumberland, held on Monday, the gratifying and unusual announcement was made that, "owing to the present state of the funds, subscriptions will not be required until another year."

FOOTBALL.—St. Thomas's and St. Bartholomew's Hospitals played a football match on Clapham-common, on Saturday last, the 24th inst., which resulted in a drawn game in favour of St. Thomas's, who managed a touch down, but did not kick a goal. The game was played throughout with great spirit, and attracted a large number of spectators, among whom we were glad to recognise several professors of each school.

NAVAL PRIZE MEDALISTS. — The gold medals founded by Sir Gilbert Blane, Bart., have just been awarded to Stephen Bowden, M.D., F.R.C.S. Eng., of H.M.'s ship *Prince Consort*, and William Henry Sloggett, M.R.C.S. Eng., and L.S.A., Staff Surgeon, for the excellence of their respective medical reports.

BREATHING SPACE FOR PAUPERS.—At the last meeting of the Vestry of Lambeth, an important statement relative to the mortality in the workhouse was made by the medical officer of health, Dr. Puckle. In one of the wards, containing no fewer than eighteen persons, there was a case of infectious disease, and in that ward there were not 300 cubical feet of space! Seven deaths having occurred within a fortnight, the explanation of the doctor is that the death-rate is enhanced by the overcrowding of the wards.—*South London Chronicle.*

QUEKETT MICROSCOPICAL CLUB. — The monthly meeting was held at University College on the 23rd November, Ernest Hart, Esq., president, in the chair. Mr. M. C. Cooke read a paper on the best method of transmitting slides by post. Mr. S. J. M'Intire read a paper on the different kinds of Poduræ, in which he described their history and habits, how to mount and examine their scales, and his experiences in breeding them for microscopical investigation. Mr. N. E. Green read a paper on Melicerta, being the result of long and careful inquiry into the habits and structure of this low form of animal life, under high powers, and in thin glass cells especially contrived for the purpose. Nineteen members were elected, and the proceedings terminated with a *conversazione.*

THE following figures refer to the rate at which infants die in France. These figures represent the mortality rate in 1860, but since then the evil has increased. In Loire Inférieure, 90·50 per cent. die; Seine Inférieure, 87·36; Eure, 78·12; Calvados, 78·09; Aube, 70·27; Seine-et-Oise, 69·23; Côté d'Or, 66·46; Indre-et-Loire, 62·16; Manche, 56·66. During twenty-five years, whilst the population of Rouen increased 31,846; Havre, 47,169; and Dieppe, 1567, the augmentation in the Department of Seine Inférieure was only 69,463 inhabitants.

A FOSSIL HUMAN FRONTAL AND PARIETAL BONE.—In 1863 a human fossil maxilla was found near Abbeville, in France, and attracted much attention. Now, in Alsace, over diluvian deposit, and in a stratum composed of sand, have been found bones belonging to a large stag, the molar of an elephant, and a long bone of an ox; in a clay stratum, the molars of a small horse and a bone belonging to a bison. The same stratum also contained a human frontal and parietal bone, evidently belonging to the same skull. It is concluded that these human remains belong to the quaternary epoch, like those of the bison, the stag, and mammoth.

DR. GEORGE F. ROUGHAN, L.K.Q.C.P. Irel., L.R.C.S. Irel., who has just been appointed a medical Poor-law inspector, Ireland, was medical officer of the Ballinrobe Union Workhouse and of the Cong Dispensary District, for upwards of fifteen years; he was also one of the inspectors under the late Central Board of Health. He enjoyed a large and lucrative practice in the county Mayo up to the time of his appointment, and all his friends and patients rejoice at his promotion, though they deeply regret his removal from among them.

MEDICAL VACANCIES.

Banbury Union (Honiton District)—Medical Officer.
Bloomsbury Dispensary — Resident Medical Officer, vice Mr. Ferris, resigned.
Hospital for Sick Children—House-Surgeon.

MEDICAL APPOINTMENTS.

A. M. ANDERSON, M.D., has been appointed Resident Medical Superintendent to the Dundee Royal Infirmary, vice T. J. M'Lagan, M.D., resigned.

J. G. BRAYTON, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Hindley District of the Wigan Union, Lancashire, vice J. T. Hussey, M.R.C.S.E., resigned.

E. CLAPTON, M.D., has been appointed Physician to the Magdalen Hospital, Blackfriars-road, vice G. H. Barlow, M.D., deceased.

ALEX. DAVIDSON, M.B., has been appointed one of the Honorary Surgeons to the Liverpool Dispensaries.

Dr. J. EAMES has been appointed Medical Officer for District No. 4 of the Depwade Union, Norfolk, vice C. A. Mills, M.R.C.S.E., resigned.

R. W. LAMB, M.R.C.S.E., has been appointed Physician's-Assistant to the South Staffordshire General Hospital, Wolverhampton, vice R. M. Miller, M.B., resigned.

J. O'HANLON, L.R.C.S.I., has been appointed Medical Officer for District No. 4 of the Shepton Mallet Union, Somersetshire, vice E. Higginbotham, M.R.C.S.E., resigned.

Dr. O'SULLIVAN has been temporarily appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Sneem Dispensary District of the Kenmare Union, Co. Kerry, in consequence of the illness of G. R. Doran, M.R.C.S.E.

ALEX. SILVER, M.A., M.D., late Assistant Professor of Materia Medica and of Medical Jurisprudence, University of Aberdeen, has been appointed Lecturer on Botany at the Charing-cross Hospital School of Medicine.

J. SMALL, L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Wemyss, Fifeshire, vice N. A. Kennedy, L.R.C.S.Ed., deceased.

Dr. H. L. SMITH has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Kennitty Dispensary District of the Parsonstown Union, King's County, vice Wm. Heise, F.R.C.S.I., deceased.

H. G. STEWART, M.D., has been appointed Lecturer on Medical Psychology in the Newcastle-upon-Tyne College of Medicine.

W. STUART, M.D., has been appointed Visiting Surgeon for Woolwich and the London Lock Hospital, under the Contagious Diseases Prevention Act of 1866.

S. WILKS, M.D., has been appointed Physician to Guy's Hospital, and Lecturer on Clinical Medicine, vice G. H. Barlow, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

On the 16th ult., the wife of H. Stanley Gale, M.B., of East India-road, Poplar, of a daughter.
On the 19th ult., at Battersea, the wife of J. C. Richardson, M.R.C.S.E., of a son.
On the 19th ult., at Edinburgh, the wife of Dr. E. H. Davidson, Deputy Inspector-General of Hospitals Bombay Army, of a daughter.
On the 19th ult., at Aberdeen, the wife of T. R. Pickthorn, M.R.C.S.E., Staff Surgeon H.M.'s Ship "Saturn," of a daughter.
On the 20th ult., at Harley-street, the wife of E. Phillips, M.D., of a son.
On the 20th ult., at King's Lynn, the wife of G. Lade, M.D., of a daughter.
On the 20th ult., at Athol-place, Bath-street, Glasgow, the wife of George Buchanan, M.D., of a daughter.
On the 20th ult., at the Royal Dockyard, Chatham, the wife of J. R. Holman, M.D., of a daughter.
On the 21st ult., at Burrage-road, Plumstead, the wife of R. G. Burton, M.D., of a daughter.
On the 22nd ult., at Belsize-park, the wife of Dr. S. S. Millar, of a son.
On the 23rd ult., at Redhill, Surrey, the wife of A. Kelsey, M.R.C.S.E., of a son.
On the 23rd ult., the wife of H. L. Sequeira, M.R.C.S.E., of Jewry-street, Aldgate, of a son.
On the 24th ult., at Regent-terrace, Glasgow, the wife of Thomas Lagralk, M.D., of a son.
On the 25th ult., at Albany-street, Edinburgh, the wife of John Millar, M.D., of a daughter.
On the 25th ult., at The Chantry, Mere, Wilts, the wife of W. N. Marshall, M.R.C.S.E., of a son.
On the 26th ult., at Hill-street, Stoke-upon-Trent, the wife of Chas. Holtom, M.R.C.S.E., of a daughter.

MARRIAGES.

On the 19th ult., at Liverpool, James Thomson, L.F.P. & S. Glas., of Liverpool, to Emma, daughter of the late S. Allen, Esq.
On the 21st ult., at Leytonstone, William Hoar, M.R.C.S.E., of Titchfield, to Mary Ann, daughter of John Gilbert, Esq.
On the 22nd ult., at Trinity Church, St. Marylebone, Ralph Gooding, B.A., M.B., of Ipswich, to Adelaide, third daughter of the late Lieut.-Colonel Wm. Simonds, of Fitzroy-square, and formerly of the 4th Bengal Native Infantry.
On the 22nd ult., at Monkstown Church, near Dublin, Wm. Walsh, M.D., F.R.C.S.I., only son of John Walsh, Esq., J.P., of Walshfield, Co. Wexford, Ireland, to Harriet Stephen, widow of the late James Bowe, C.E., of Calcutta.

DEATHS.

On the 10th of Sept., at Melbourne, Australia, Dr. J. P. Lawrence, late of Camperdown, Victoria.
On the 17th of Sept., at the Hospital Sosa, near Turin, Charles Jones, L.R.C.P.Ed., of Tenby, South Wales, aged 28.
On the 12th ult., at Beech House, Tottenham, Elizabeth, the wife of C. H. Barnes, F.R.C.S., late of Notting-hill, London, aged 56.
On the 16th ult., Edwin Edmonds, M.R.C.S.E., of Stoke Newington, formerly of Hayle, Cornwall, aged 68.
On the 17th ult., H. T. Smith, M.D., of Arlington-street, Piccadilly.
On the 21st ult., John Bagley, M.D., of Hunmanby, Yorkshire.
On the 24th ult., at the Rectory, Ampthill, Beds, Mary, the wife of W. Collingwood, M.R.C.S.

BOOKS ETC. RECEIVED.

Transactions of the Pathological Society. Vol. XVII.
Dr. Harley's Histological Demonstrations.
Dr. H. Bennet on Pulmonary Consumption.
Mr. G. Naylor on Diseases of the Skin.
Dr. Squire's Photographs of Diseases of the Skin. Nos. 4, 5, and 6.
Dr. Ziffo: De la Fièvre Typhoïde.
M. A. Husson: Sur la Mortalité des jeunes Enfants.
Dr. Bruce on the Military Hospitals of Dresden.
Dr. Shapter's Sanitary Measures, and their Results.
Dr. Harley on Albuminuria.
Atlas of Skin Diseases. No. 199. (New Sydenham Society.)
Prof. Hirschfeld's Nervous System. No. 1.
&c. &c. &c.

To Correspondents.

APPRECIATION OF COUNTRY DOCTORS BY BOARDS OF GUARDIANS.

Mr. John W. Fry, one of the medical officers of the Saffron Walden Union, sends us for publication the following:—

"*Cholera at Great Sampford, Essex.*

"At a meeting of the Board of Guardians of the Saffron Walden Union, held on November 23rd, it was resolved that the Guardians had great pleasure in expressing to Mr. Fry their estimation of his attention, assiduity, and medical skill in treating and arresting the progress of the cholera which so unfortunately occurred in the said parish."

Mr. Fry, with a generous singleness of purpose, requests us to publish this document as evidence that the labours of "country doctors" are sometimes appreciated by boards of guardians. That Mr. Fry has performed the duties entrusted to him skilfully and faithfully, we are sure; but we can scarcely congratulate him on the "appreciation" of his merits by the Board of Guardians of the Saffron Walden Union. "Civility," it is said, "costs nothing, but goes a long way." Had the Guardians of the Saffron Walden Union shown a proper appreciation of the services of their able and indefatigable medical servant by some substantial proof of their regard, we should have been better satisfied. As it is, we think all the credit in the transaction is due to Mr. Fry, and none to his employers. They have civilly acknowledged the benefit he has conferred on the public; but they have given no further evidence of their estimation of his services. Gratitude from a poor patient is one of the jewels that the medical practitioner places to the credit side of his often thankless career. But something more than thanks is required of a wealthy board of guardians to a man who has done so much as Mr. Fry evidently has to alleviate suffering, and to arrest the progress of one of the most formidable and fatal diseases to which mankind is subjected.

Mr. Christophers' communication shall, if possible, appear next week.

EARTHCLOSETS *versus* WATERCLOSETS.

To the Editor of THE LANCET.

SIR,—Your remarks in THE LANCET of Nov. 10th on the above question are both pertinent and sound. Dr. Hawksley's principle, that the soil must have our human refuse, is right. It belongs not to the sea; and if it be wrongfully given to it, the ocean must be traversed in the search for foreign guano for our lands. But how shall this human guano reach the soil? Dr. Hawksley would bring the mountain to Mahomet, to enwrap him for removal back again. This earthcloset plan of Mr. Moule will do (with careful supervision) for small towns and rural districts; but, as Lord Robt. Montague urges, it is far too cumbrous a plan for cities and large towns. Apart from the question of daily inconvenience from his "pail" plan, I would submit that the error in Dr. Hawksley's calculations is the primary one of too high an estimate for the annual value of the material. Farmers will not give the price, useful as it may be; the haulage, as they say, runs away with the profit. Hence the outcry for natural transit by gravitation "through well-flushed drains" from town to soil; and this, where practicable, surpasses every plan. But where this is inadmissible, we indeed, as you well observe, need "some easy and prompt system of deodorisation and removal." The object of this communication is to state that, in my judgment, this want is already supplied. Dr. Hawksley would *substitute* (at much sacrifice and expense) an earthcloset for every watercloset in London. I would propose an adjunct. I would place one of Mr. Edwin Chesshire's (a F.R.C.S., of Birmingham) interceptors or iron catch-pits between each watercloset and the house-drain. It is an iron box, sealed at all points, free from disagreeables of all kinds, allowing of no decomposition within by the exclusion of all air, easily removed and replaced, most portable, and easy of transmission whether to a distance of one hundred yards or miles. In a family of six, removal will be required, not every morning, but once in six months; and were Dr. Hawksley's estimate correct, its contents at each removal would be worth two guineas, repaying in one year all the outlay. But the inventor fixes a more moderate value on its contents—viz., 10*s.*; but even at this price it will shortly repay the householder his expense, and become a source of revenue.

Ten months ago, in common with my neighbours, I was wasting this guano by admixing it with useless coal-ashes, poisoning my well by its percolation through the soil, paying nightmen fancy wages quarterly for its removal, laying myself under obligation to my agricultural neighbours for carting it away *at my breakfast time*. Good luck introduced me to Mr. Chesshire. I invested in one of his interceptors, and am now beholden to no one; my well is pure; no human solid refuse enters the town sewer from my house; my ashes go to the nearest waste heap or hole; my man and boy move my box twice a year, empty and replace it in ten minutes, and burying its contents in garden soil, leave it to become a valuable compost.

Fearing the length of this communication may preclude its insertion in your columns, pleading the importance of the subject, and forwarding herewith fuller particulars of the invention to which I have referred,

I am, Sir, yours faithfully,
D. HENRY MONCKTON, M.D., F.R.C.S.,
Member of a Local Board,
Chairman of a Nuisances Removal Committee.

Rugeley, Staffordshire, November, 1866.

Dr. Beverley, (Norfolk and Norwich Hospital.)—We shall be glad to receive reports of hospital practice in Norwich, especially of lithotomy, and the mortality resulting from it and from other grave surgical operations.

H. J. F., (Derby.)—The Asylum for Idiots, Earlswood; Essex Hall, Colchester.

MR. NUNN AND ST. PETER'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I shall be obliged if you will allow me to contradict a statement contained in your journal of last week, to the effect that I had withdrawn from St. Peter's Hospital.

Your obedient servant,
Stratford-place, Nov. 26th, 1866. T. W. NUNN.

In the last number of the *Poor-Law Chronicle*, under the head of "Combination," reference is made to extracts in a former number of that journal from a document put forth by "The Metropolitan Poor-Law Medical Officers' Association." After some observations on the influence of combination in general, the Editor makes the following very sensible remarks:

"Whether the Metropolitan Medical Officers' Association is one of those combinations which is destined to effect a good and useful social purpose, it would need an Œdipus rather than a Davus to determine. The idea, as applied to Poor-law questions, is altogether too novel, and the principle too untried, for us to pronounce an authoritative opinion. Still it does seem but fair that the committee of the Association should have an impartial hearing, and its members an opportunity of putting their views fairly before boards of guardians and the public. In one particular it gives presage of success; that is, in having adopted as its motive the attainment of a number of objects, and in not entrusting its safety to the efficacy of a single '*party cry*.' When earnest men are seen clinging with bigoted tenacity to a particular method, or making the adoption of a single term the test of approval and fellowship, it may be suspected, if not asserted, that there is more of uniformity than unity in the combination for which they strive. In so enlarging the list of their objects as to escape this suspicion, the Metropolitan Poor-Law Medical Officers' Association appears to have acted with much judgment."

C. S. having employed various remedies in the treatment of pityriasis capitis for the last two years without any benefit, is desirous of information on the subject.

Mr. W. H. Hayward (Oldbury) is thanked for his note.

THE OUTBREAK OF CHOLERA AT WOOLWICH.

To the Editor of THE LANCET.

SIR,—I am sure your sense of justice will not allow you to permit an unmerited and untruthful censure to rest upon any body of men. Your number of November 17th contained some strictures on the authorities of the town of Woolwich for presumed neglect, founded upon the last Report of the Registrar-General. When I tell you that the grounds of complaint enumerated by that officer do not, with a single exception, refer to Woolwich, but to the parish adjoining (Charlton), over which the authorities of Woolwich have no control whatever, you will see the injustice of those strictures. The houses in the marshes, the emptying of cesspools, the carrying out of drainage operations whilst the cholera was hovering round, the distribution of slaughter-house refuse over the market-garden ground, all belong to Charlton, and not to Woolwich. The epidemic broke out first in Charlton, and extended to the adjacent parts of Woolwich.

The Registrar-General appears to have taken an unseemly prejudice against the Woolwich authorities because they have never appointed a permanent health officer, which appointment is not compulsory under the Public Health Act, as it is under the Metropolis Local Management Act. But as Charlton has had for some years a medical officer, under whose eyes the nuisances referred to by the Registrar-General have been allowed to grow up, the temptation to follow in its footsteps is not, it must be confessed, very strong. The only defect in the sanitary condition of Woolwich is a deficient water-supply, arising from the Kent Water Company having objected to the arrangements made for the storage of the water, and this the Local Board of Health has been for some months endeavouring to remedy. The Registrar-General takes credit for having warned the Woolwich authorities of the necessity for preparation; but two months before his warning was uttered, every provision was made to meet a possible invasion of the epidemic, and the two medical officers of the union were engaged to superintend the arrangements.

If any specific cause can be adduced to account for the recent outbreak, I am inclined to look for it (as far as the town of Woolwich is concerned) in the fact of the great outfall sewer running through it; for it is somewhat singular that on one side of the point where our first ventilating shaft is erected the disease was epidemic; on the other side it was sporadic, although normally the sanitary condition of the former district is much better than the latter.

I remain, Sir, your obedient servant,
Woolwich, November 19th, 1866. R. R.

J. R.—The solution generally used is prepared as follows:—Acetate of morphia to one drachm of distilled water; sufficient acetic acid is then added to dissolve the morphia. The fluid afterwards is to be neutralized by the addition of liquor potassæ until a cloud appears. Finally, one or two drops of acetic acid are to be added to slightly acidulate the mixture.

Non-Medicus.—Unless there be a crowding of trees, they exert no injurious influence.

Enquirer, (Newport, Mon.)—We have not received the communication.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Although no longer able to take an active part in the movement, my heart is still warm in the cause. I therefore cannot refrain asking you to transfer from the *City Press* of the 24th instant to your pages a letter of the Poor-law Board's, which was read at the previous Wednesday's meeting of the Guardians of the East London Union. The incidental information contained in it will be agreeable to all true toilers in the up-hill work of Poor-law medical reform.

Yours obediently,
ROBERT FOWLER, M.D.,
District Medical Officer of the East London Union.
145, Bishopsgate-street Without, Nov. 27th, 1866.

"Whitehall, Nov. 13th, 1866.

"SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 3rd instant, in which you inform them of the views of the Guardians of the East London Union in regard to the proposal to appoint a resident medical officer for the workhouse. I am directed to state that, as the whole question of Poor-law medical relief in the metropolis is now under the consideration of the Board, it will be satisfactory to them if the Guardians will postpone for the present their final decision upon the subject of a resident medical officer for the workhouse.

"I am, Sir, your obedient servant,
"RALPH EARLE, Secretary.

"A. J. Baylis, Esq., Clerk to the Guardians of the East London Union."

Indignans.—1. Such compacts are certainly not desirable, and under ordinary circumstances should not be made. A state of things might, however, exist that would render it excusable, though we do not recommend it.—2. It is slanderous to make such an assertion, and if the slander can be proved to the satisfaction of a jury, damages would be most likely obtained. The conduct of a public vaccinator in visiting the private patients of a practitioner is most reprehensible, but doubly so when he makes unjust or untrue remarks respecting the treatment that has been pursued.

A Subscriber, (St. Austell.)—1. A thaler is equal to 3*s.*—2. Willcock on the Laws relating to the Medical Profession. It may be obtained by order of any bookseller.

Dr. Fleetwood Buckle will oblige by sending the communication.

RAPID LABOUR.

To the Editor of THE LANCET.

SIR,—As cases of rapid labour have been frequently recorded, I send you another case, and if you think it of sufficient interest, please publish it in your journal.

Mrs. T. P—— was ironing at a table in her kitchen on the 22nd instant, when she had the first symptom of labour. She requested her servant to call in a neighbour. When this person arrived, the time certainly not occupying three minutes, she immediately assisted the patient up-stairs, only a very few yards, when a strong pain interrupted her further progress, and expelled the child before she could reach the bed. When I saw her thirty minutes afterwards the labour was fully completed.

This was Mrs. P——'s fourth labour, the three previous ones being also very rapid, not occupying on an average an hour each from the first symptom to the termination of the labour.

I am, Sir, your obedient servant,

Willingham, November, 1866. J. C. B. SMALLMAN, M.D.

A Constant Reader says:—"It would be a favour to some of your readers if you could inform them whether the cholera now prevails, as you some time since stated it did, at Nice; and whether it is prevalent also in the towns on the line of rail leading from Paris to Nice. Many invalids who are now desirous to migrate southwards are anxious to know the condition of the towns on the Lyons and Marseilles Railway."

J. J. T.—The work of Dr. Carswell.

D. E. X.—A medical and surgical qualification is required by the Poor-law Board.

"A CRY FOR HELP."

THE following contributions have been further received on behalf of the above:—

Amount already acknowledged	£193	0	6

Per Dr. GULL.

Capt. Headley, per Henry Brown, Esq.	£2	0	0
Dr. J. Tasker Evans, Hertford	1	0	0
Benjamin Lancaster, 1, Princes-gardens ...	5	0	0
R. Innes Nisbett	1	6	0

Per Dr. G. C. JOHSON.

Mrs. Hamilton, Southbarrow, Bickley	£0	10	0
Mrs. Macdonald, Pembridge-gardens	0	10	0
Miss H. Cole, Eaton-place	1	0	0
C. R. Chemos, Esq., by Dr. Musgrave	1	0	0
A. Duncan, Esq., Chelsea	0	5	0
Mrs. Duncan, ditto	0	5	0
Dr. Cursham	1	1	0
Thos. Davies, Esq., Blackheath...	0	10	0
Dr. Mackinder, Gainsborough	0	10	6
A. Fairchild, Esq., ditto	1	1	0
Thos. L. Read, Esq., Petersham-terrace, Kensington	1	0	0
Miss Holmes and Friends, Creswell Lodge, Old Brompton	5	0	0
Capt. Nisbet, Brompton	0	10	6
H. Ransford, Esq., Huron Lodge, Bollons ...	0	10	0
Mrs. Kemp Welch, Clapham-common	1	0	0
W. Evill, Esq., Streatham	1	0	0
W. Carpmael, Esq., Streatham-hill	1	0	0
Thos. Graham, Esq, Bladen Lodge, Brompton	1	0	0

Per THE LANCET.

Dr. Coghlan, H.M.S. *Research*	£0	11	2
S. Sprigge, Esq., Watton	0	10	6
Dr. Ewens, Milton Abbas	0	10	0

Impartial.—Members of the medical profession and medical students are admitted to the practice of Bethlehem Royal Hospital for Lunatics, and to the clinical instruction given by the medical staff; and for regular attendance, certificates and testimonials are granted. This course of instruction is recognised, and certificates are received for the purposes of graduation in Medicine, by the University of London.

Dr. Black, of Oban, desires to thank M. S. (London) for his letter respecting the papers of Dr. Black which have lately appeared in THE LANCET.

COOPER'S SURGICAL DICTIONARY.

To the Editor of THE LANCET.

SIR,—Can you or any of your numerous correspondents inform me what extraordinary delay has happened to the second volume of Cooper's Surgical Dictionary, edited by Mr. Lane, it being now four years since the first volume was issued to the medical profession, with a promise that the above would follow with as little delay as possible?

I am, Sir, your obedient servant,

November, 1866. ONE WHO PURCHASED THE FIRST VOLUME.

COMMUNICATIONS, LETTERS, &c., have been received from—Baron Liebig, Munich; Mr. Hilton; Dr. Sieveking; Dr. Tilbury Fox; Mr. Spencer Smith; Dr. Pavy; Dr. Hassall, St. Leonard's; Mr. Sydney Jones; Dr. Wade, Birmingham; Mr. Hamilton, Liverpool; Dr. Murray, Newcastle; Mr. Byles; Mr. Saunders; Dr. Raffo, Tamworth; Mr. Best; Mr. Mander; Mr. Chiene; Dr. Bateman, Norwich; Dr. Fryer, Manchester; Dr. Buchanan, Dublin; Dr. Moore, Brighton; Mr. Coats; Mr. Lambton; Dr. Power, Portsea; Mr. Grimby; Dr. Fairland; Dr. Liddle; Mr. Nunn; Mr. Clegg; Mr. Sturt; Dr. Meadows; Mr. Graham; Dr. Griffith; Dr. Bristzcke, Sheffield; Mr. Fry; Mr. Hewett; Mr. Brockley; Mr. Hammond; Dr. Buckle; Dr. Lapraik, Glasgow; Dr. Munro, Radstock; Dr. Mason; Mr. Martin; Mr. Rimell; Mr. Price; Mr. Thomson; Mr. Evans, Bangor; Dr. Smallman, Willingham; Mr. Le Mercier; Mr. Hartry; Mr. Arden; Mr. Hue, Bawtry; Mr. Fleming; Dr. Warley; Mr. Donegal; Mr. Barber, Crickhowell; Mr. Sprigge, Watton; Mr. Bennett; Mr. Collyer; Mr. Castle; Dr. Dean; Mr. Howard, Hull; Mr. Everett; Mr. Thomas; Mr. Wells; Mr. Bywater; Mr. Atkinson; Dr. Fowler; Mr. Goode; Mr. Barratt; Mr. Davidson, Liverpool; Mr. Hare; Mr. Harding; Mr. Grant; Dr. Inglis, Edinburgh; Mr. Curwen; Mr. Ideson; Mr. Jordan, Birmingham; Mr. Howitt; Mr. Evanson; Dr. Ewens, Blandford; Dr. Jonson; Mr. East; Dr. Millar; Mr. Wallace, Dublin; Mr. Hughes; Mr. S. E. Solly; Mr. Beckett; Mr. Holtone, Stoke; Dr. Balfour; Dr. Gale; Dr. Reeves; Mr. Harrison; Mr. Ferguson; Dr. Silver; Dr. Gooding, Ryde; Mr. Kemm; Dr. Edwards, Cheltenham; Mr. Arrowsmith, Darlington; Mr. Garrett; Mr. Hanson; Mr. Harries; Mr. Oakman; Mr. Jubb, Halifax; Mr. Waller; Mr. Williams; Mr. Ives; Mr. Paul; P. A.; Youthy; Indignans; The Editor of the *Leisure Hour*; X. Y. Z.; Observer; A Constant Reader; L. W.; Enquirer, Newport; Picton; J. P.; J. R. S.; D. E. X.; Impartial; A. P.; A Poor-law Medical Officer; W. N.; &c. &c.

THE *Norfolk News* has been received.

Medical Diary of the Week.

Monday, Dec. 3.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Ed. Goodeve, "On the Proceedings of the International Sanitary Conference, and the Protection of Europe from Cholera."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M.

Tuesday, Dec. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Dec. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7 P.M. Meeting of Council.—8 P.M. Dr. Fairbank, "On a Case of Fractured Pelvis, with Injury to Uterus during Pregnancy."—Dr. Tanner, "On Excision of the Clitoris as a Cure for Hysteria."—Dr. Newman, "On a Case of Cæsarean Section;" and other Papers by Drs. Madge and Short.
SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—8 P.M. Mr. John Irwin, "On the Trade in Foreign Cattle."

Thursday, Dec. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Broadbent, "On Cases Illustrating Prognosis in Heart Disease."

Friday, Dec. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Dec. 8.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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